



TeleSys User Guide and Other Important Information

Louisiana Department of Health and Hospitals
Office of Aging and Adult Services





Introduction

- Before the needs of elderly and disabled individuals and eligibility for home and community based services can be assessed and authorized, MDS-HC assessment information must be collected, analyzed and applied as applicable for the type of program(s) the individual is requesting.

Process Overview

- Trained MDS-HC assessors collect the required data in accordance with very specific guidelines specified in InterRAI MDS-HC Manual and record the data in the applicable sections of the MDS-HC data set form.
- MDS-HC Assessment data is then entered and locked in to the OAAS TeleSys database by the MDS-HC assessor or, by the agency's designated database entry person.

Process Overview

- Once all data is entered, it is automatically analyzed via an automated process built in to the TeleSys software application.
- The results of the analyzed data is displayed in the form of “Triggered Client Assessment Protocols (CAPs)”. The MDS-HC triggered CAPs provide the trained assessor with information regarding the individual’s Level of Care (LOC) and Care Planning needs.



Process Overview

- The individualized Plan of Care, and other supporting documentation as required by the OAAS, is submitted to the OAAS Regional office, or its designee, for review and determination of Nursing Facility Level of Care and program approval/denial decision.

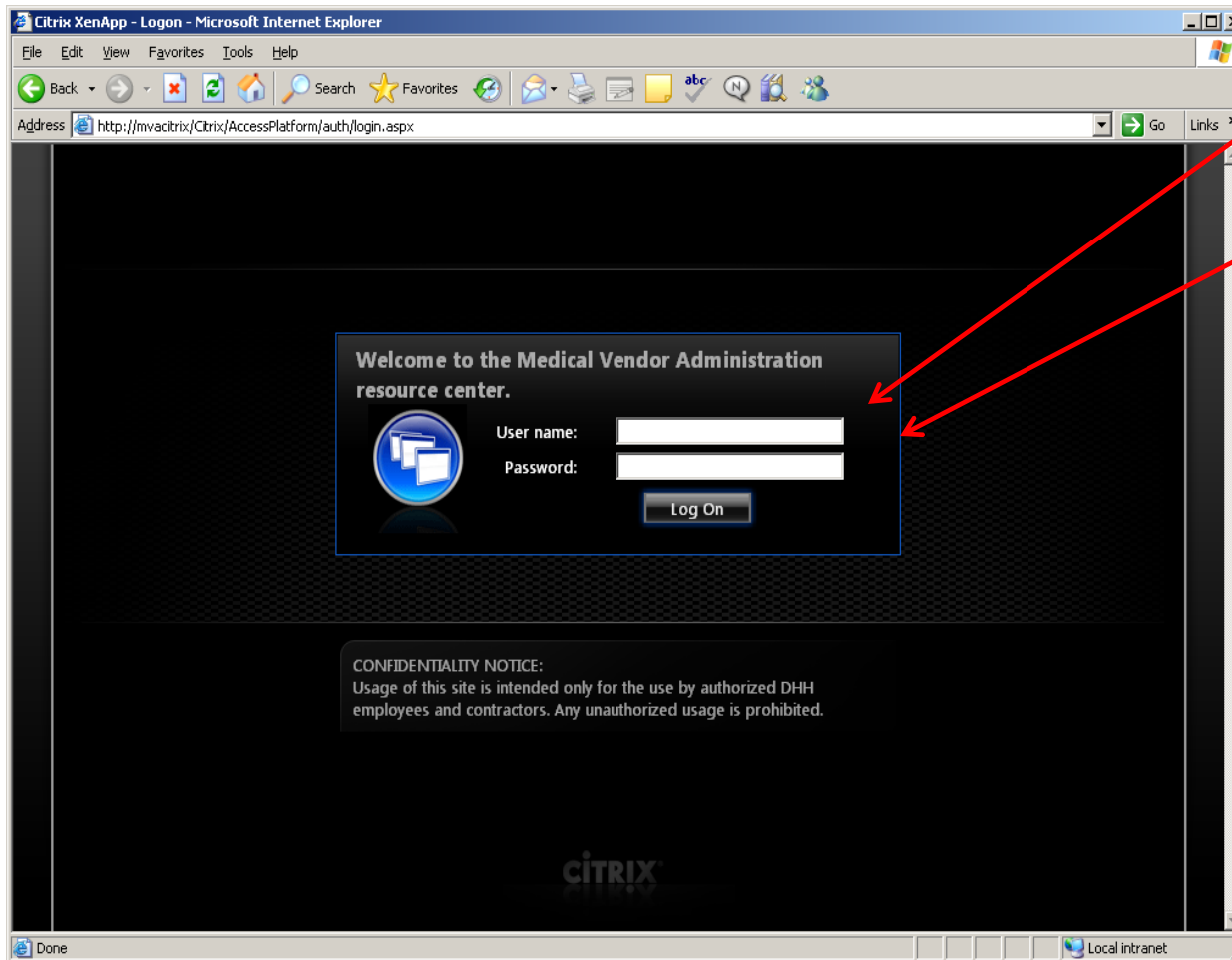
System Access

- The TeleSys database is accessed via a secure connection (e.g., Citrix)
- Only persons with approved security access are able to log-in to the system
- Access to TeleSys is provided by the OAAS TeleSys Administrator
- State policies governing HIPAA privacy and confidentiality standards must be followed at all times

Logging-In

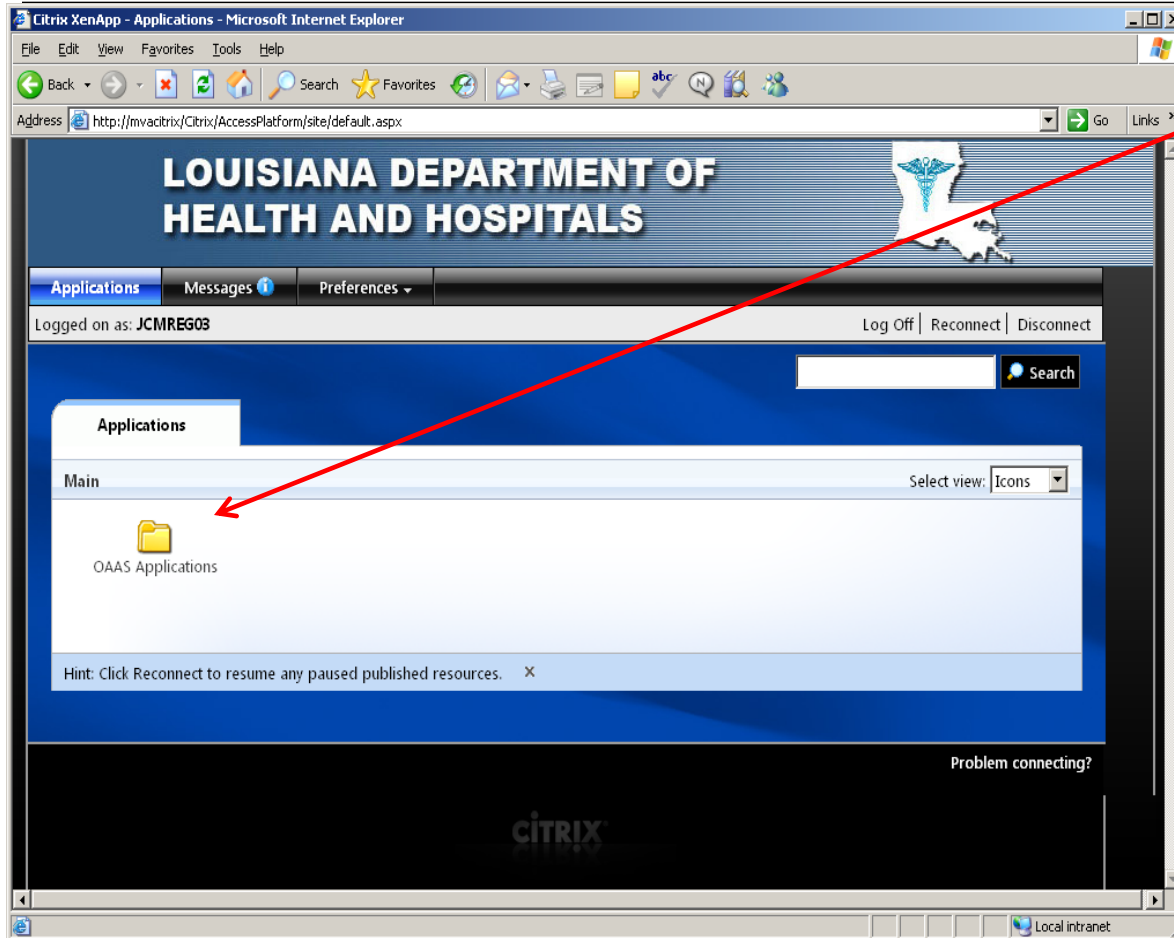


Citrix Log-In Screen



User ID and
password
provided by
OAAS
System
Administrator

Citrix Log-In Screen



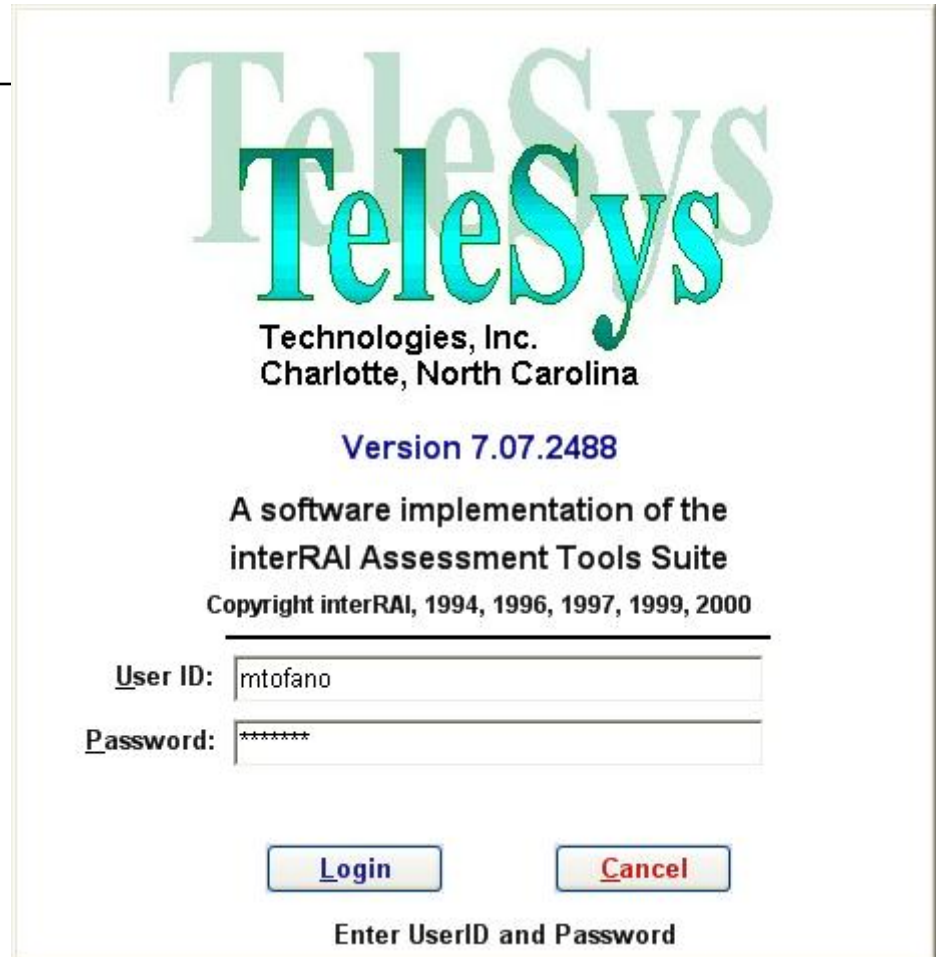
Double Click
OAAS
Applications
Folder

Logging on to TeleSys for the first time

STEP 1

The OAAS Telesys Administrator will provide you with initial access instructions.

When you first launch the software using the icons provided for you, the logon screen will appear.



The image shows a login window for TeleSys Technologies, Inc. The window has a title bar and a large, faint 'TeleSys' watermark in the background. The text inside the window reads: 'TeleSys Technologies, Inc. Charlotte, North Carolina' in a large, stylized font. Below this, it says 'Version 7.07.2488' in blue. Then, 'A software implementation of the interRAI Assessment Tools Suite' and 'Copyright interRAI, 1994, 1996, 1997, 1999, 2000'. There are two input fields: 'User ID:' with the text 'mtofano' and 'Password:' with asterisks. Below the fields are two buttons: 'Login' and 'Cancel'. At the bottom, it says 'Enter UserID and Password'.

TeleSys
Technologies, Inc.
Charlotte, North Carolina

Version 7.07.2488

A software implementation of the
interRAI Assessment Tools Suite
Copyright interRAI, 1994, 1996, 1997, 1999, 2000

User ID: mtofano

Password: *****

Login Cancel

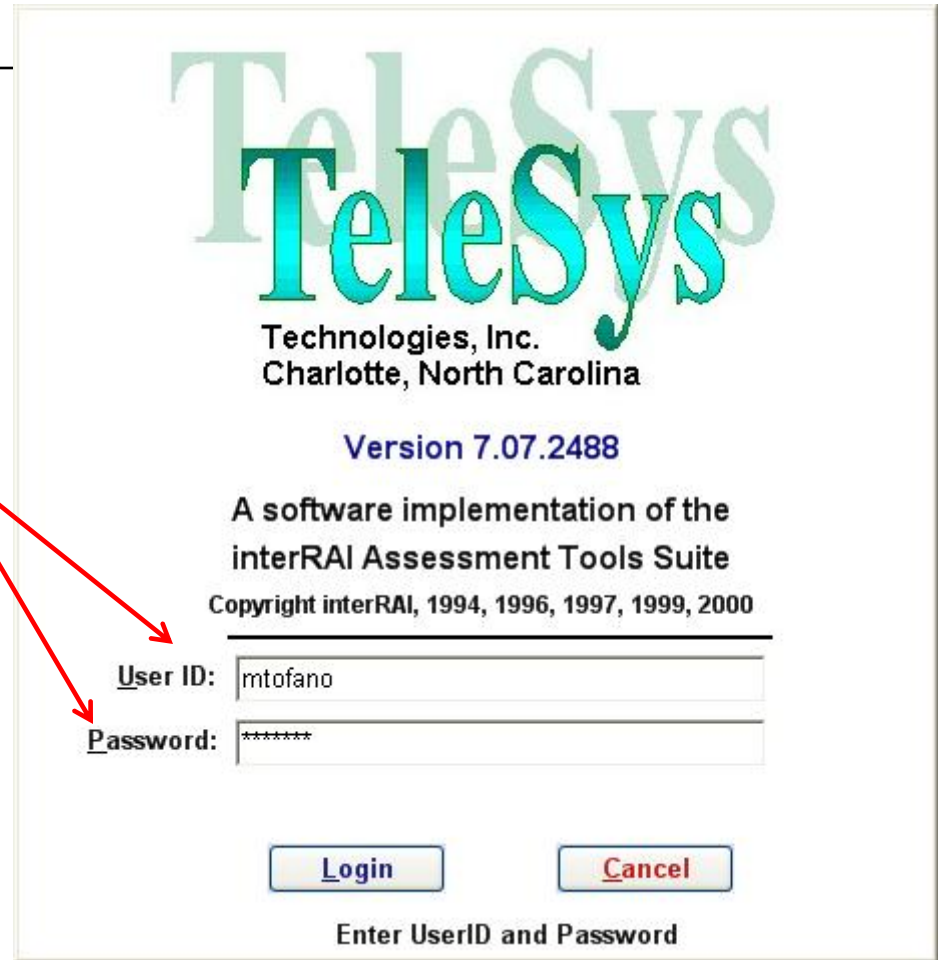
Enter UserID and Password

Logging on to TeleSys for the first time

STEP 1 (continued)

Enter the user name that was provided by the system administrator in BOTH the User ID and the Password entry boxes.

Then click on the "Login" button.



The image shows a login window for TeleSys. At the top, the 'TeleSys' logo is displayed in a large, stylized blue font. Below the logo, the text 'Technologies, Inc. Charlotte, North Carolina' is shown. Further down, 'Version 7.07.2488' is displayed in blue. Below that, it says 'A software implementation of the interRAI Assessment Tools Suite' and 'Copyright interRAI, 1994, 1996, 1997, 1999, 2000'. There are two input fields: 'User ID:' with the text 'mtofano' and 'Password:' with masked characters '*****'. Two red arrows point from the text in the yellow box to these fields. At the bottom, there are 'Login' and 'Cancel' buttons. Below the buttons, the text 'Enter UserID and Password' is displayed.

TeleSys
Technologies, Inc.
Charlotte, North Carolina

Version 7.07.2488

A software implementation of the
interRAI Assessment Tools Suite
Copyright interRAI, 1994, 1996, 1997, 1999, 2000

User ID: mtofano

Password: *****

Login Cancel

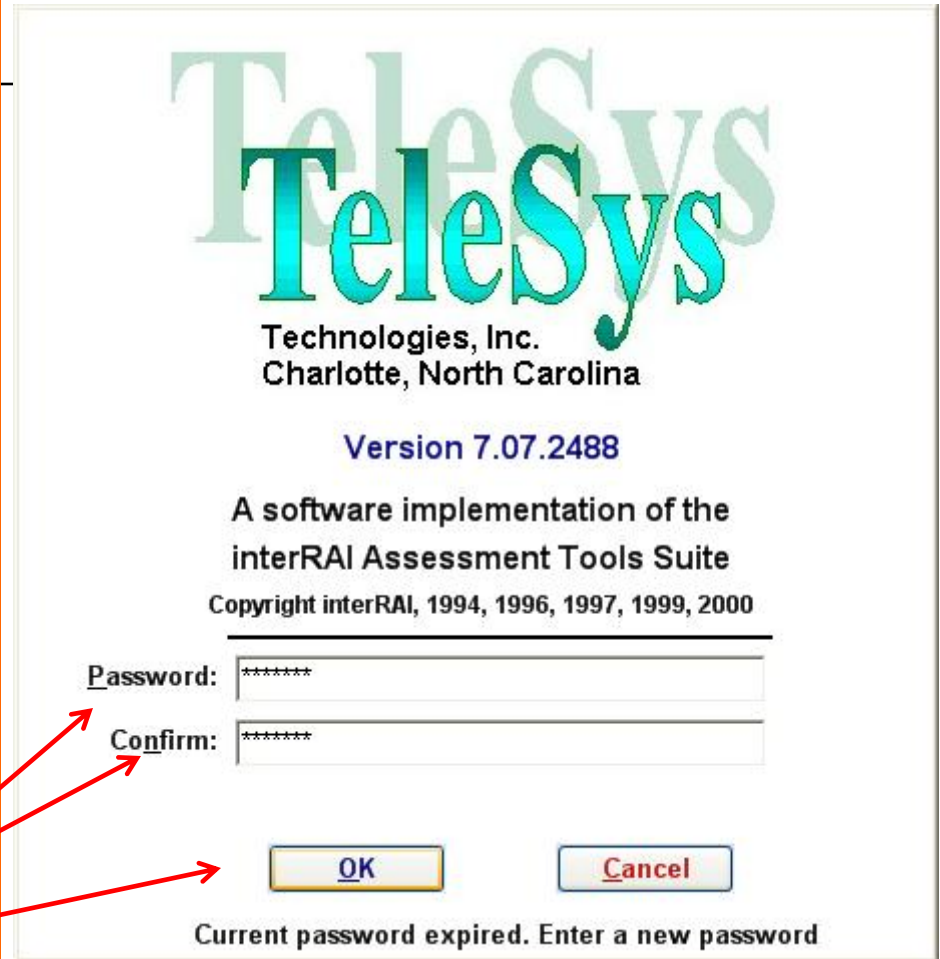
Enter UserID and Password

Logging on to TeleSys for the first time

STEP 2

The system will then come back with this screen. It is now asking you to put in a new password. You are the only one that will know what this password is.

NOTE: The password must be at least 6 characters in length. It can contain numbers and / or letters. Once you have entered your new password in both boxes, click "OK".



The image shows a software window titled "TeleSys Technologies, Inc. Charlotte, North Carolina". The window displays the version "Version 7.07.2488" and describes it as "A software implementation of the interRAI Assessment Tools Suite" with a copyright notice for interRAI from 1994 to 2000. Below this, there are two input fields labeled "Password:" and "Confirm:" with asterisks indicating masked text. At the bottom, there are "OK" and "Cancel" buttons. A message at the very bottom states "Current password expired. Enter a new password". Three red arrows originate from the text in the yellow box: one points to the "Password:" label, another points to the "Confirm:" label, and a third points to the "OK" button.

TeleSys
Technologies, Inc.
Charlotte, North Carolina

Version 7.07.2488

A software implementation of the
interRAI Assessment Tools Suite
Copyright interRAI, 1994, 1996, 1997, 1999, 2000

Password:

Confirm:

Current password expired. Enter a new password

Logging on to TeleSys for the first time

STEP 3

This will present the Client List Screen. You are now ready to start to operate/ navigate the system.

The screenshot displays the TeleSys Desktop Mode interface. At the top, the title bar reads "InterRAI Assessment Tools Suite". Below it, the "TeleSys" logo is visible, followed by "DESKTOP MODE". The "Client Name: Mark Etron" is displayed in the top right. On the left, a sidebar contains navigation links: Tutorial, Contact Us, Clients (highlighted), MDSHC, and Event Log. Below these are various action links: Face Sheet Manual, Add New Client, View Face Sheet, Delete Client, Print Face Sheet, Print Blank Face Sheet, Print Client List, View Notebook, Print Notebook, Attach Scanned Docs, View Scanned Docs, Print Scanned Docs, and Rotate Scanned Docs. The main area shows the "Client List" table with columns: ID, Last Name, First Name, Case Num, Opened, Facility, and Reserved By. The table contains three rows of data. On the right side of the table, there are links: View All, Search, Find Next, Find Prev, and Reset.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Etron	Mark	MT-001	1/1/2001		
2	Peters	Mary		3/6/2003		00000009
3	Walters	George		4/1/2004		

Client Search

STEP 1

You can conduct a client search by entering the client's last name, first name, and/or SSN in the blank boxes above the applicable column on the client screen .

InterRAI Assessment Tools Suite

TeleSys

DESKTOP MODE

Client Name: Mark Etron

Tutorial
Contact Us

Clients

MDSHC

Event Log

Face Sheet Manual

Add New Client

View Face Sheet

Delete Client

Print Face Sheet

Print Blank Face Sheet

Print Client List

View Notebook

Print Notebook

Attach Scanned Docs

View Scanned Docs

Print Scanned Docs

Rotate Scanned Docs

View All
Search
Find Next
Find Prev
Reset

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Etron	Mark	MT-001	1/1/2001		
2	Peters	Mary		3/6/2003		00000009
3	Walters	George		4/1/2004		

Client Search

Important Tip:

You can expand the column “window” to better view all of the data entry for that column by placing the cursor between the column lines until you get a double sided arrow, then just “pull” the line to expose the rest of that column’s contents.

TeleSys Assessment Tools Suite

Client Name: Ramiro Lopez

DESKTOP MODE

- Tutorial
- Contact Us
- Users
- User Rights
- User Change History
- Reports
- Clients
- MDSHC**
- LA Plan Of Care
- LOCET
- Attached Images
- Scheduling
- Care Plans
- Event Log
- CAP Report
- Meds Report
- Disease Report

Client List

Last Name	First Name	Opened	Prg/Serv	Region	Agency	DOB	SSN	Reserved
Lopez	Ramiro	8/26/2006	2	2	Test Case	1/1954	444-32-889	

View All
Search
Find Next
Find Prev
Reset

MDSHC Assessment List

e	Type	Locked	Images	Category	ADL	RUG III	Coordinator	PW1	PW2	PW
MDS-HC Manual		No	No	Reduced F	4	.11 (PA_1		Inc	Inc	Inc
Add New MDS-HC		No	No	Reduced F	4	.11 (PA_1		Inc	Inc	Inc
View MDS-HC		No	No	Reduced F	4	.11 (PA_1		Inc	Inc	Inc
Delete MDS-HC		No	No	Reduced F	4	.11 (PA_1		Inc	Inc	Inc
		No	No	Reduced F	4	.11 (PA_1		Inc	Inc	Inc
Print MDS-HC	009 Initial	No	No	Reduced F	12	7.41 (PD)	Loida Kellgren	Met	NotMet	Inc
Print MDS-HC Sectio	009 Initial	No	Yes	Special R	12	1.21 (RB)		Met	NotMet	NotMet
Print Blank MDS-HC										

Client Search

STEP 2

Once you have entered search info. in the appropriate column, click on “Search” button located on right side of client screen.

The screenshot displays the TeleSys Desktop Mode interface. At the top, the title bar reads "InterRAI Assessment Tools Suite". Below it, the "TeleSys" logo and "DESKTOP MODE" are visible. The main header area shows "Client Name: Mark Etron". On the left, a sidebar contains a list of navigation options: Tutorial, Contact Us, Clients, MDSHC, Event Log, Face Sheet Manual, Add New Client, View Face Sheet, Delete Client, Print Face Sheet, Print Blank Face Sheet, Print Client List, View Notebook, Print Notebook, Attach Scanned Docs, View Scanned Docs, Print Scanned Docs, and Rotate Scanned Docs. The central area features a "Client List" table with columns: ID, Last Name, First Name, Case Num, Opened, Facility, and Reserved By. The table contains three rows of data. To the right of the table, a vertical menu includes "View All", "Search", "Find Next", "Find Prev", and "Reset". A red arrow points from the "Search" button in this menu to the "Reserved By" column header in the table.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Etron	Mark	MT-001	1/1/2001		
2	Peters	Mary		3/6/2003		00000009
3	Walters	George		4/1/2004		

Client Search

STEP 3

Once you have clicked on “Search” button, the client screen appears with the client’s name, SSN, Date of Birth, etc. Be sure to check all identifiers to be sure the client that comes up is the client you need.

The screenshot displays the TeleSys Desktop Mode interface. At the top, the title bar reads "InterRAI Assessment Tools Suite". Below it, the "TeleSys" logo and "DESKTOP MODE" are visible. The main header area shows "Client Name: Mark Etron". On the left, a sidebar menu includes options like "Tutorial", "Contact Us", "Clients", "MDSHC", "Event Log", "Face Sheet Manual", "Add New Client", "View Face Sheet", "Delete Client", "Print Face Sheet", "Print Blank Face Sheet", "Print Client List", "View Notebook", "Print Notebook", "Attach Scanned Docs", "View Scanned Docs", "Print Scanned Docs", and "Rotate Scanned Docs". A red arrow points from the "Clients" menu item to a table titled "Client List". The table has columns: ID, Last Name, First Name, Case Num, Opened, Facility, and Reserved By. It contains three rows of data. To the right of the table are buttons for "View All", "Search", "Find Next", "Find Prev", and "Reset".

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Etron	Mark	MT-001	1/1/2001		
2	Robase	Map		2/6/2000		00000000
3	Walters	George		4/1/2004		

Client Search

STEP 4

If client does not come up, Click on “Reset” & try additional identifiers, check name spelling, etc. You can also enter the first letter of the client’s first or last name, followed by an asterisk (*) to pull up all clients with similar name to see if client you need is in database.

Tip: You do not need to click on “Reset” button first - to enter a new name, simply click in blank space over identifier, and start typing new identifier information.

The screenshot shows the 'TeleSys' desktop application window titled 'InterRAI Assessment Tools Suite'. The main area displays a 'Client List' table. The table has columns: ID, Last Name, First Name, Case Num, Opened, Facility, and Reserved By. The first row shows ID 1, Last Name 'Etrou', First Name 'Mark', Case Num 'MT-001', and Opened date '1/1/2001'. The second row shows ID 2, Last Name 'Peters', First Name 'Mary', Case Num '3/6/2003', and Opened date '4/1/2004'. The third row shows ID 3, Last Name 'Walters', First Name 'George', Case Num '4/1/2004', and Opened date '4/1/2004'. The 'Reserved By' column contains the value '00000009'. To the right of the table are buttons: 'View All', 'Search', 'Find Next', 'Find Prev', and 'Reset'. A red arrow points from the 'Last Name' column header to the 'Reset' button. Another red arrow points from the 'Reset' button to the 'Last Name' column header. The 'Reset' button is highlighted with a black border.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Etrou	Mark	MT-001	1/1/2001		
2	Peters	Mary	3/6/2003	4/1/2004		00000009
3	Walters	George	4/1/2004			

Client Face Sheet

STEP 1

When client's name appears on client screen, double click on it and the Client Face Sheet Screen will appear. This Face Sheet will already be completed with some information. It is very important that you check to make sure Sections A., B, C, D, and E. of Client Face Sheet are filled in with applicable & correct information.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Tutorial
Contact Us
Clients
MDSHC
Event Log
Face Sheet Manual
Add New Client
View Face Sheet
Delete Client
Print Face Sheet
Print Blank Face Sheet
Print Client List
View Notebook
Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Client Name: New Client

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

*1. Name of Client

a. (Last/Family Name) b. (First Name) c. (Middle Initial)

d. (Alias name, nickname or special tag name by which client is also known)

*2. Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

*3. Government Pension And Health Insurance Numbers

a. Pension (Social Security) Number

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

☐ Name / ID
☐ Assignments
☐ Personal
☐ Goals / Refer
☐ Contact Info
☐ Notebook

Client Face Sheet

Section D. Goals/Referral of Client Face Sheet must be completed at the time of the client's initial MDS-HC assessment (oldest dated MDS-HC in TeleSys). **If the database entry person does not complete this section on the Client Face Sheet, subsequent MDS-HCs will not be auto populated with this information that is to be "Completed at Intake Only".**

TeleSys Assessment Tools Suite

Client Name: Loida Test

Desktop Mode

TeleSys

Directives

a. Client has a legal guardian

b. Client has advanced medical directives in place (for example, a do not hospitalize order)

D. GOALS / REFERRAL ITEMS (Completed at Intake Only)

*1. Date Case Opened/ Reopened

Month Day Year

*2. Reason For Referral

1. Post hospital care 4. Eligibility for home care
2. Community chronic care 5. Day Care
3. Home placement screen 6. Other

*3. Goals Of Care

(Code for client/family understanding of goals of care)

0. No 1. Yes (Answer All)

a. Skilled nursing treatments d. Client/family education
b. Monitoring to avoid complications e. Family respite
c. Rehabilitation f. Palliative care

*4. Time since Last Hospital Stay

Time since discharge from last in-patient setting (Code for most recent instance in LAST 180 DAYS)

0. No hospitalization within 180 days 3. Within 15 to 30 days
1. Within last week 4. More than 30 days ago
2. Within 8 to 14 days

*5. Where Lived At Time Of Referral

1. Private home/apt. with no home care services
2. Private home/apt. with home care services
3. Board and care / assisted living / ICF/DD
4. Nursing home
5. Other

*6. Who Lived With At Referral

1. Lived alone
2. Lived with spouse only
3. Lived with spouse and other(s)
4. Lived with child (not spouse)
5. Lived with other(s) (Not spouse or children)
6. Lived in group setting with non-relative(s)

*7. Prior NH Placement

Resided in a nursing home at anytime during EARS prior to

A. Name / ID
B. Assignments
C. Personal
D. Goals / Refer
E. Contact Info
Notebook

Client Face Sheet

What do if Section D. of Client Face Sheet is Blank:

The database entry person must use the information found in Section D of the Client's very first MDS-HC assessment in TeleSys (oldest dated MDS-HC in TeleSys) to complete the missing items in Section D of the Client Face Sheet. In that way, added MDS-HC assessments will be appropriately auto populated for those fields that are "completed at intake only".

TeleSys Assessment Tools Suite

Client Name: Ellen Hollinger

DESKTOP MODE

Tutorial
Contact Us
Reports
Clients
MDSHC
LA Plan Of Care
LOCET
Attached Images
Scheduling
Care Plans
Event Log
CAP Report
Meds Report
Disease Report
MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
Excel MDS-HC List
View Notebook

Client List

ID	Foreign ID	Last Name	First Name	Opened	Prg/Serv	Region	Agency	DOB
40068330		Hollinger	Ellen	2/2/2001	2	XYZ		5/12/1950

View All
Search
Find Next
Find Prev
Reset

MDSHC Assessment List

ID	Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III	Door
40029799	Hollinger	Ellen	12/2/2008	Initial	No	No	Special C	13	3.11 (SSA)	Ted
40038731	Hollinger	Ellen	5/21/2009	Initial	No	No	Special C	13	3.11 (SSA)	Ted

Client Face Sheet

STEP 2

The buttons on the right side of the screen correspond to the various sections on the Face Sheet form. Clicking on one of these buttons will take you to that section of the Client Face Sheet.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: New Client

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

***1. Name of Client**

a. (Last/Family Name) b. (First Name) c. (Middle Initial)

d. (Alias name, nickname or special tag name by which client is also known)

***2. Case Record Numbers**

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

***3. Government Pension And Health Insurance Numbers**

a. Pension (Social Security) Number

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Navigation Sidebar:

- ☐ Name / ID
- ☐ Assignments
- ☐ Personal
- ☐ Goals / Refer
- ☐ Contact Info
- ☐ Notebook

Client Face Sheet

Review:

Before we continue, let us first review the screen presented to us. The screen is in four sections.

➤ The section on the left of the screen contains the “Action Buttons”. When selected, they tell the system what it is we wish to do.

InterRAI Assessment Tools Suite
DESKTOP MODE

Client Name: Mario Lorenzo

CLIENT FACE SHEET
The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterik (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

Name of Client	Lorenzo	Mario
a. (Last/Family Name)	b. (First Name)	c. (Middle Initial)
Nick		
d. (Alias name, nickname or special tag name by which client is also known)		

Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)	
b. Medical Records Number	

Government Pension And Health Insurance Numbers

a. Pension (Social Security) Number	1 2 3 - 5 5 - 6 6 6 6
b. Private Health Insurance Number	
c. Medicare Number	
d. Medicaid Number	
e. State or Other Medical Aid Number	

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Left Sidebar (Action Buttons):

- Tutorial
- Contact Us
- Clients**
- MDSHC
- Event Log
- Face Sheet Manual
- Add New Client**
- View Face Sheet
- Delete Client
- Print Face Sheet
- Print Blank Face Sheet
- Print Client List
- View Notebook
- Print Notebook
- Attach Scanned Docs
- View Scanned Docs
- Print Scanned Docs
- Rotate Scanned Docs

Right Hand Menu:

- Name / ID**
- ☐ Assignments
- ☐ Personal
- ☐ Goals / Refer
- ☐ Contact Info
- ☐ Notebook

Client Face Sheet

Review:

➤ The section in the center is the Form Screen. Within it is the form associated with the action we wish to take.

interRAI Assessment Tools Suite

TeleSys

DESKTOP MODE

Tutorial
Contact Us

Clients

MDSHC

Event Log

Face Sheet Manual

Add New Client

View Face Sheet

Delete Client

Print Face Sheet

Print Blank Face Sheet

Print Client List

View Notebook

Print Notebook

Attach Scanned Docs

View Scanned Docs

Print Scanned Docs

Rotate Scanned Docs

Client Name: Mario Lorenzo

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client.
Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

*1. Name of Client

Lorenzo Mario

a. (Last/Family Name) b. (First Name) c. (Middle Initial)

Nick

d. (Alias name, nickname or special tag name by which client is also known)

*2. Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

*3. Government Pension And Health Insurance Numbers

a. Pension (Social Security) Number

1 2 3 - 5 5 - 6 6 6 6

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Name / ID

- ☐ Assignments
- ☐ Personal
- ☐ Goals / Refer
- ☐ Contact Info
- ☐ Notebook

Client Face Sheet

Review:

➤ The section on the right of the screen contain the Section Buttons. When you click on any of the section buttons, the form will scroll so that the first question within the section selected is made visible.

interRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mario Lorenzo

Tutorial
Contact Us

Clients

MDSHC

Event Log

Face Sheet Manual

Add New Client

View Face Sheet

Delete Client

Print Face Sheet

Print Blank Face Sheet

Print Client List

View Notebook

Print Notebook

Attach Scanned Docs

View Scanned Docs

Print Scanned Docs

Rotate Scanned Docs

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The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

*1. **Name of Client**

Lorenzo **Mario**

a. (Last/Family Name) b. (First Name) c. (Middle Initial)

Nick

d. (Alias name, nickname or special tag name by which client is also known)

*2. **Case Record Numbers**

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

*3. **Government Pension And Health Insurance Numbers**

a. Pension (Social Security) Number

1 2 3 - 5 5 - 6 6 6 6

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Name / ID

- ☐ Assignments
- ☐ Personal
- ☐ Goals / Refer
- ☐ Contact Info
- ☐ Notebook

Client Face Sheet

Review:

➤ The section at the top is the Message screen. Within it will be all of the messages that the system wishes to convey to the user.

Required fields not completed. Leave anyway?

Yes No

Tutorial
Contact Us
Clients
MDSHC
Event Log

Face Sheet Manual
Add New Client
View Face Sheet
Delete Client
Print Face Sheet
Print Blank Face Sheet
Print Client List
View Notebook
Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterik (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

*1.	Name of Client	Lorenzo	Mario
	a. (Last/Family Name)	b. (First Name)	c. (Middle Initial)
	Nick		
	d. (Alias name, nickname or special tag name by which client is also known)		
*2.	Case Record Numbers		
	a. Provider ID or Corporate ID Number (Master Client Identifier)		
	b. Medical Records Number		
*3.	Government Pension And Health Insurance Numbers		
	a. Pension (Social Security) Number	1 2 3 - 5 5 - 6 6 6 6	
	b. Private Health Insurance Number		
	c. Medicare Number		
	d. Medicaid Number		
	e. State or Other Medical Aid Number		

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Name / ID
☐ Assignments
☐ Personal
☐ Goals / Refer
☐ Contact Info
☐ Notebook

Completeness Indicators

Next to each Section Button are the Completeness Indicators for each section. These indicators show the completeness of the section.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mario Lorenzo

Tutorial
Contact Us
Clients
MDSHC
Event Log

Face Sheet Manual
Add New Client
View Face Sheet
Delete Client
Print Face Sheet
Print Blank Face Sheet
Print Client List
View Notebook
Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

*1. Name of Client

Lorenzo Mario

a. (Last/Family Name) b. (First Name) c. (Middle Initial)

Nick

d. (Alias name, nickname or special tag name by which client is also known)

*2. Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

*3. Government Pension And Health Insurance Numbers

a. Pension (Social Security) Number

1 2 3 - 5 5 - 6 6 6 6

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Name / ID
☐ Assignments
☐ Personal
☐ Goals / Refer
☐ Contact Info
☐ Notebook

Completeness Indicators

- Complete - box is totally filled (appears in red)
- Empty - box is totally empty
- Partially completed - box is half filled in red.

interRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mario Lorenzo

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Print Face Sheet
Print Blank Face Sheet
Print Client List
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Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

*1. Name of Client

Lorenzo Mario

a. (Last/Family Name) b. (First Name) c. (Middle Initial)

Nick

d. (Alias name, nickname or special tag name by which client is also known)

*2. Case Record Numbers

a. Provider ID or Corporate ID Number (Master Client Identifier)

b. Medical Records Number

*3. Government Pension And Health Insurance Numbers

a. Pension (Social Security) Number

1 2 3 — 5 5 — 6 6 6 6

b. Private Health Insurance Number

c. Medicare Number

d. Medicaid Number

e. State or Other Medical Aid Number

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Name / ID

☐ Assignments

☐ Personal

☐ Goals / Refer

☐ Contact Info

☐ Notebook

Completeness Indicators

The completeness indicator reflects the completeness of the answer boxes that are required, which is not necessarily all of the answer boxes.

interRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

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Event Log

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Delete Client
Print Face Sheet
Print Blank Face Sheet
Print Client List
View Notebook
Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Client Name: Mario Lorenzo

CLIENT FACE SHEET

The Client Face Sheet contains fundamental information about the client. Information from sections in the face sheet that are designated by an asterisk (*) next to the section number are automatically entered into the assessment.

NAME AND ID NUMBERS

*1.	Name of Client	Lorenzo	Mario
	a. (Last/Family Name)	b. (First Name)	c. (Middle Initial)
	Nick		
	d. (Alias name, nickname or special tag name by which client is also known)		
*2.	Case Record Numbers		
	a. Provider ID or Corporate ID Number (Master Client Identifier)		
	b. Medical Records Number		
*3.	Government Pension And Health Insurance Numbers		
	a. Pension (Social Security) Number	1 2 3 - 5 5 - 6 6 6 6	
	b. Private Health Insurance Number		
	c. Medicare Number		
	d. Medicaid Number		
	e. State or Other Medical Aid Number		

ASSIGN ORGANIZATIONAL LEVELS RESPONSIBLE FOR CLIENT

Name / ID
☐ Assignments
☐ Personal
☐ Goals / Refer
☐ Contact Info
☐ Notebook

Exiting Client Face Sheet Screen

STEP 1

Once all of the information on the Face Sheet has been reviewed for accuracy/completeness, click on the "Clients" button. If all of the required answer boxes have not been completed, a message will appear stating that all of the required fields are not completed and asking if you wish to leave anyway.

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DESKTOP MODE

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Print Blank Face Sheet
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View Notebook
Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Required fields not completed. Leave anyway?

Yes No

Client Name: Mario Lorenzo

PERSONAL INFORMATION

Gender: 1. Male 2. Female

Birthdate: 0 1 — 0 1 — 1 9 3 8
Month Day Year

*3. Race / Ethnicity: 0. No 1. Yes (Answer All)

a. American Indian/Alaskan Native 0 d. Native Hawaiian or other Pacific Islander 0
b. Asian 0 e. White 1
c. Black / African Amer 0 f. Hispanic or Latino 0

*4. Marital Status: 1. Never married 3. Widowed 5. Divorced
2. Married 4. Separated 6. Other

*5. Language: Primary Language
0. English 1. Spanish 2. French 3. Other

*6. Education (Highest Level Completed): 1. No Schooling 5. Technical or trade school
2. 8th grade or less 6. Some college
3. 9 - 11 grades 7. Bachelor's degree
4. High school 8. Graduate degree

*7. Responsibility / Advanced Directives: (Code for responsibility/advanced directives)
0. No 1. Yes
a. Client has a legal guardian
b. Client has advanced medical directives in place. (for example, a do not hospitalize order)

GOALS / REFERRAL ITEMS (Completed at Intake Only)

*1. Date Case Opened/ Reopened: 0 2 — 0 2 — 2 0 0 2
Month Day Year

*2. Reason For Referral: 1. Post hospital care 4. Eligibility for home care
2. Community chronic care 5. Day Care
3. Home placement screen 6. Other

■ Name / ID
□ Assignments
■ Personal
■ Goals / Refer
□ Contact Info
□ Notebook

Exiting Client Screen

STEP 2

NOTE: Remember that it may be that not all answer boxes are required. If you answer “Yes”, then the system will bring you back to the client list grid

Required fields not completed. Leave anyway?

Client Name: Mario Lorenzo

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View Notebook
Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

PERSONAL INFORMATION

*1.	Gender	1. Male	2. Female	
*2.	Birthdate	0 1	0 1	1 9 3 8
		Month	Day	Year
*3.	Race / Ethnicity	0. No	1. Yes	(Answer All)
	Race:			
	a. American Indian/ Alaskan Native	0		d. Native Hawaiian or other Pacific Islander
	b. Asian	0		e. White
	c. Black / African Amer	0		f. Hispanic or Latino
*4.	Marital Status	1. Never married	3. Widowed	5. Divorced
		2. Married	4. Separated	6. Other
*5.	Language	Primary Language		
		0. English	1. Spanish	2. French
				3. Other
*6.	Education (Highest Level Completed)	1. No Schooling		
		2. 8th grade or less		
		3. 9 - 11 grades		
		4. High school		
		5. Technical or trade school		
		6. Some college		
		7. Bachelor's degree		
		8. Graduate degree		
*7.	Responsibility / Advanced Directives	(Code for responsibility/advanced directives)		
		0. No		
		1. Yes		
		a. Client has a legal guardian		
		b. Client has advanced medical directives in place. (for example, a do not hospitalize order)		

GOALS / REFERRAL ITEMS (Completed at Intake Only)

*1.	Date Case Opened/ Reopened	0 2	0 2	2 0 0 2
		Month	Day	Year
*2.	Reason For Referral	1. Post hospital care		
		2. Community chronic care		
		3. Home placement screen		
		4. Eligibility for home care		
		5. Day Care		
		6. Other		

Name / ID
Assignments
Personal
Goals / Refer
Contact Info
Notebook

Adding a new MDS-HC

STEP 1

In order to add a new **MDS-HC** to a client in TeleSys, it is first necessary to select the client. This is accomplished by a left click of the mouse on the client you wish to select. For this example, we have selected "George Walters"

interRAI Assessment Tools Suite

TeleSys
MIXED MODE

Client Name: George Walters

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Delete Client
Print Face Sheet
Print Blank Face Sheet
Print Client List
View Notebook
Print Notebook
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Client List						
ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary	MT-001	3/8/2003		
1	Toland	Mark		1/1/2001		
3	Walters	George		4/1/2004		

View All
Search
Find Next
Find Prev
Reset

Adding a new MDS-HC

STEP 2

After selecting the client, you left click on the MDS-HC button in the upper left of the screen. This will bring up the MDS-HC assessment list screen. The screen now has two grids. The top grid is the client list which has been reduced in height to give room to show the MDS-HC Assessment List grid.

The screenshot shows the InterRAI Assessment Tools Suite interface. The top header displays the client name "George Walters". The sidebar on the left contains navigation options, with "MDSHC" highlighted. The main content area features two grids. The top grid, titled "Client List", shows a list of clients with columns for ID, Last Name, First Name, Case Num, Opened, Facility, and Reserved By. The bottom grid, titled "MDSHC Assessment List", shows a list of assessments with columns for Last Name, First Name, Date, Type, Locked, Images, Category, ADL, and RUG III. Red arrows indicate the flow from the "MDSHC" button in the sidebar to the "MDSHC Assessment List" grid.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/6/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
-----------	------------	------	------	--------	--------	----------	-----	---------

Adding a new MDS-HC

The assessment list grid shows a detailed history of all the MDS-HC assessments performed on the selected client. In this case, Mr. Walters does not have any assessments at this time.

InterRAI Assessment Tools Suite

TeleSys
MIXED MODE

Client Name: George Walters

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Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Client List

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/6/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

View All
Search
Find Next
Find Prev
Reset

MDSHC Assessment List

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
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Adding a new MDS-HC

STEP 3

In order to add a new assessment to Mr. Walters, left click on the Add New MDS-HC buttons in the lower left of the screen. This will give you a confirmation prompt at the top of the screen. **NOTE:** All confirmation and warning prompts are accompanied by a bell sound. To enable the sound, make certain that your sound system is enabled.

The screenshot shows the TeleSys MDS-HC software interface. On the left, a sidebar contains navigation links: Tutorial, Contact Us, Clients, MDSHC, LA Plan Of Care, LOCET, Import/Export, Event Log, MDS-HC Manual, **Add New MDS-HC** (highlighted with a red box and a red arrow), View MDS-HC, Delete MDS-HC, Print MDS-HC, Print MDS-HC Section, Print Blank MDS-HC, Print MDS-HC List, View Notebook, Print Notebook, View CAPs, Print All CAPs, Print CAP Section, Print CAP Concerns, Attach Scanned Docs, View Scanned Docs, Print Scanned Docs, and Rotate Scanned Docs. At the top right, a confirmation prompt box asks "Required fields not completed. Leave anyway?" with "Yes" and "No" buttons. Below this, the client name "George Walters" is displayed. The main form area is titled "MINIMUM DATA SET - HOME CARE (MDS-HC)" and includes a note: "Unless otherwise noted, score for last 3 days. Examples of exceptions include ADLs / Continence / Services / Treatments where status scored over last 7 days." The form is divided into two sections: SECTION AA. NAME AND IDENTIFICATION NUMBERS and SECTION BB. PERSONAL ITEMS (Complete at Intake Only). SECTION AA includes fields for Name of Client (Walters, George), Case Record No., Government Pension And Health Insurance Numbers, and Pension (Social Security) Number. SECTION BB includes fields for Gender (Male), Birthdate (06/05/1915), Race / Ethnicity (American Indian/Alaskan Native), Marital Status (Never married), and Language (Primary Language). On the right side of the form, there is a list of checkboxes for various assessment items: AA. Name/ID, BB. Personal, CC. Referral, A. Asmt Info, B. Cognitive, C. Comm/Hear, D. Vision, E. Mood/Behav, F. Social, G. Support, H. Physical, I. Continence, J. Disease, K. Health, L. Nutrition, M. Dental, N. Skin, O. Environment, P. Service, Q. Medications, R. Signature, and Notebook.

Required fields not completed. Leave anyway?

Yes No

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)

Unless otherwise noted, score for last 3 days
Examples of exceptions include ADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client: Walters, George
a. (Last/Family Name) b. (First Name) c. (Middle Name)

2. Case Record No.

3. Government Pension And Health Insurance Numbers
a. Pension (Social Security) Number
b. Health insurance number (of other comparable insurance number)

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender: 1. Male 2. Female 1

2. Birthdate: 06/05/1915
Month Day Year

3. Race / Ethnicity: 0. No 1. Yes (Answer All)
Race:
a. American Indian/Alaskan Native
b. Asian
c. Black / African Amer
d. Native Hawaiian or other Pacific Islander
e. White
f. Hispanic or Latino
Ethnicity:

4. Marital Status: 1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other

5. Language: Primary Language

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Adding a new MDS-HC

Step 4: If you answer “No”, you will be returned to the screen in Step 2. If you answer “Yes”, you will be shown the MDS-HC form on the screen.

Required fields not completed. Leave anyway?

Yes No

Client Name George Walters

Telesys
MIXED MODE

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Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters George		
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (of other comparable insurance number)		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male 2. Female		1
2.	Birthdate	0 6 — 0 5 — 1 9 1 5 Month Day Year		
3.	Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/ Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino		
4.	Marital Status	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other		
5.	Language	Primary Language		

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Adding a new MDS-HC

STEP 5

Once the MDS-HC has been completed, click on the MDS-HC button to return to the MDS-HC Assessment List screen.

Required fields not completed. Leave anyway?

Yes

No

The screenshot shows the TeleSys MDSHC software interface. The top bar indicates 'interRAI Assessment Tools Suite' and 'TeleSys MIXED MODE'. The client name 'George Walters' is displayed. The left sidebar contains a menu with 'MDSHC' highlighted. The main area shows two tables: 'Client List' and 'MDSHC Assessment List'.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/6/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
Walters	George			No	No			

Adding a new MDS-HC

STEP 5 (continued)

If the required fields have not been completed, you will be prompted to determine if you actually do wish to leave the form.

Required fields not completed. Leave anyway?

InterRAI Assessment Tools Suite

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MIXED MODE

Client Name: George Walters

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Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

View All
Search
Find Next
Find Prev
Reset

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/6/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
Walters	George			No	No			

Adding a new MDS-HC

STEP 5 (continued)

If you answer “No”, the screen will stay as it is. If you answer “Yes”, then the screen will go to the MDS-HC Assessment List screen. We now see that Mr. Walters has an MDS-HC completed.

Required fields not completed. Leave anyway?

Client Name: George Walters

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/6/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

MDSHC Assessment List

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
Walters	George			No	No			

Adding a new MDS-HC

Review:

Before we continue, let us first review the screen presented to us. The screen is in four sections.

➤ The section on the left of the screen contains the Action Buttons.

When selected, they tell the system what it is we wish to do.

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Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters	George	
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers			
	a. Pension (Social Security) Number			
	b. Health insurance number (of other comparable insurance number)			

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male	2. Female	1
2.	Birthdate	0 6	0 5	1 9 1 5
		Month	Day	Year
3.	Race / Ethnicity	(Answer All)		
	Race:			
	a. American Indian/Alaskan Native		d. Native Hawaiian or other Pacific Islander	
	b. Asian		e. White	
	c. Black / African Amer		f. Hispanic or Latino	
4.	Marital Status	1. Never married	3. Widowed	5. Divorced
		2. Married	4. Separated	6. Other
5.	Language	Primary Language		
		0. English	1. Spanish	2. French

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Adding a new MDS-HC

Review:

➤ The section in the center is the Form Screen. Within it is the form associated with the action we wish to take.

interRAI Assessment Tools Suite

TeleSys
MIXED MODE

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters George		
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number - - - b. Health insurance number (of other comparable insurance number) - - - - -		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male 2. Female		1
2.	Birthdate	0 6 — 0 5 — 1 9 1 5 Month Day Year		
3.	Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino		
4.	Marital Status	1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other		
5.	Language	Primary Language		

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Adding a new MDS-HC

Review:

➤ The section on the right of the screen contains the Section Buttons. When you click on any of the section buttons, the form will scroll so that the first question within the section selected is made visible.

InterRAI Assessment Tools Suite

TeleSys MIXED MODE

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters George		
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (of other comparable insurance number)		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male 2. Female 1		
2.	Birthdate	0 6 — 0 5 — 1 9 1 5 Month Day Year		
3.	Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino		
4.	Marital Status	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other		
5.	Language	Primary Language		

☒ AA. Name/ID
☒ BB. Personal
☒ CC. Referral
☐ A. Asmt Info
☐ B. Cognitive
☐ C. Comm/Hear
☐ D. Vision
☐ E. Mood/Behav
☐ F. Social
☐ G. Support
☐ H. Physical
☐ I. Continence
☐ J. Disease
☐ K. Health
☐ L. Nutrition
☐ M. Dental
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 View Notebook
 Print Notebook
 View CAPs
 Print All CAPs
 Print CAP Section
 Print CAP Concerns
 Attach Scanned Docs
 View Scanned Docs
 Print Scanned Docs
 Rotate Scanned Docs

Adding a new MDS-HC

Review:

➤ The section at the top is the Message screen. Within it will be all of the messages that the system wishes to convey to the user.

Required fields not completed. Leave anyway?

Client Name: George Walters

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters George	
		a. (Last/Family Name)	b. (First Name) c. (Middle Name)
2.	Case Record No.		
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (of other comparable insurance number)	

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male 2. Female		1
2.	Birthdate	0 6 - 0 5 - 1 9 1 5 Month Day Year		
3.	Race / Ethnicity	0. No 1. Yes (Answer All)		
	Race:	d. Native Hawaiian or other Pacific Islander		
	a. American Indian/ Alaskan Native	e. White		
	b. Asian	Ethnicity:		
	c. Black / African Amer	f. Hispanic or Latino		
4.	Marital Status	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other		
5.	Language	Primary Language		

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
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MDS-HC Sections

The first three sections of the MDS-HC, Sections AA, BB and CC, are automatically populated with information from the Client's Face Sheet. If Sections AA, BB & CC of MDS-HC are not auto populating, this means that the Client's Face Sheet was not fully completed at the time of the client's very first MDS-HC assessment. **This must be corrected on the Face Sheet before proceeding with current MDS-HC data entry (Refer to Client Face Sheet Section of this guide)**

interRAI Assessment Tools Suite

TeleSys
MIXED MODE

Client Name: **George Walters**

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Contingence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters George		
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (of other comparable insurance number)		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male 2. Female		1
2.	Birthdate	0 6 — 0 5 — 1 9 1 5 Month Day Year		
3.	Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/ Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino		
4.	Marital Status	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other		
5.	Language	Primary Language		

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Contingence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
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MDS-HC Sections

Most of the answer boxes within Sections AA, BB and CC on the MDS-HC form/screen are Read Only, meaning that you can see the information within the MDS-HC, but you cannot edit it. This is done intentionally so that the information in the client's record matches the information on the MDS-HC.

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Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Client Name: **George Walters**

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters George		
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (of other comparable insurance number)		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male 2. Female		1
2.	Birthdate	0 6 — 0 5 — 1 9 1 5 Month Day Year		
3.	Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/ Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino		
4.	Marital Status	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other		
5.	Language	Primary Language		

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
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Completeness Indicators

Next to each Section Button are the Completeness Indicators for each section. These indicators show the completeness of the section.

- Complete - box is totally filled (appears in red),
- Empty - box is totally empty,
- Partially completed - box is half filled (half white/half red).

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Print MDS-HC List
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Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client	Walters, George	
	a. (Last/Family Name)	b. (First Name) c. (Middle Name)
2. Case Record No.		
3. Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (of other comparable insurance number)	

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender	1. Male 2. Female	
2. Birthdate	06 - 05 - 1915 Month Day Year	
3. Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/ Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino	
4. Marital Status	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other	
5. Language	Primary Language	

A. Name/ID
B. Personal
C. Referral
Asmt Info
Cognitive
Comm/Hear
Vision
Mood/Behav
Social
Support
Physical
Continence
Disease
Health
Nutrition
Dental
Skin
Environment
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Completeness Indicators

The completeness indicator reflects the completeness of the answer boxes for that section.

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Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Walters George	
		a. (Last/Family Name)	b. (First Name) c. (Middle Name)
2.	Case Record No.		
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (of other comparable insurance number)	

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male 2. Female	
2.	Birthdate	0 6 — 0 5 — 1 9 1 5 Month Day Year	
3.	Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/ Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino	
4.	Marital Status	1. Never married 3. Widowed 5. Divorced 2. Married 4. Separated 6. Other	
5.	Language	Primary Language	

A. Name/ID
B. Personal
C. Referral
Asmt Info
Cognitive
Comm/Hear
Vision
Mood/Behav
Social
Support
Physical
Continence
Disease
Health
Nutrition
Dental
Skin
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Service
Medications
Signature
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Analyzing and viewing the Client Assessment Protocols (CAPs)

STEP 1

In order to analyze and view the CAPs (Client Assessment Protocols) it is necessary to click on the "MDSHC" button. This will bring two list grids to the screen. The top list grid is the Client List, which is the same as the client list seen when the "Clients" button is depressed.

The screenshot displays the TeleSys InterRAI Assessment Tools Suite interface. On the left, a sidebar menu contains several options, with "MDSHC" highlighted and a red arrow pointing to it. The main window shows the "Client Name: Mark Etron" and a "Client List" grid. A red arrow points from the "MDSHC" button to the "Client List" grid. Below the "Client List" grid is the "MDSHC Assessment List" grid.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Etron	Mark	MT-001	1/1/2001		
4	Lorenzo	Mario		2/2/2002		
2	Peters	Mary		3/6/2003		
3	Walters	George		4/1/2004		

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III	
Etron	Mark	1/1/2001	Initial	No	Yes	Reduced Pr	4	7.11 (PA_1)	Mary Wilson
Etron	Mark	1/1/2002	Follow-Up	No	No	Reduced P	4	7.11 (PA_1)	

Analyzing and viewing CAPs

STEP 1 (continued)

The bottom list grid is the MDSHC Assessment List and it contains all of the assessments that have been completed for the client selected in the Client List. Before you analyze the CAPs, select an MDSHC from the MDSHC assessment list. This is done by a single left click on the row containing the assessment you wish to analyze.

The screenshot displays the TeleSys Desktop Mode interface. At the top, the title bar reads "InterRAI Assessment Tools Suite". The main header area shows the "TeleSys" logo and "DESKTOP MODE" on the left, and "Client Name: Mark Etron" on the right. A sidebar on the left contains a menu with options: Tutorial, Contact Us, Clients, MDSHC, Event Log, MDS-HC Manual, Add New MDS-HC, View MDS-HC, Delete MDS-HC, Print MDS-HC, Print MDS-HC Section, Print Blank MDS-HC, Print MDS-HC List, View Notebook, Print Notebook, View CAPs, Print All CAPs, Print CAP Section, Print CAP Concerns, Attach Scanned Docs, View Scanned Docs, Print Scanned Docs, and Rotate Scanned Docs. The main content area is divided into two sections. The top section, titled "Client List", contains a table with columns: ID, Last Name, First Name, Case Num, Opened, Facility, and Reserved By. It lists three clients: 1. Etron, Mark (Case MT-001, Opened 1/1/2001), 4. Lorenzo, Mario (Opened 2/2/2002), and 2. Peters, Mary (Opened 3/6/2003). The bottom section, titled "MDSHC Assessment List", contains a table with columns: Last Name, First Name, Date, Type, Locked, Images, Category, ADL, RUG III, and a final column for client details. It lists two assessments: 1. Etron, Mark (Date 1/1/2001, Type Initial, Locked No, Images Yes, Category Reduced Pr, ADL 4, RUG III 7.11 (PA_1)) and 2. Etron, Mark (Date 1/1/2002, Type Follow-Up, Locked No, Images No, Category Reduced P, ADL 4, RUG III 7.11 (PA_1)). A red arrow points from the text in the yellow box to the second row of the MDSHC Assessment List.

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
1	Etron	Mark	MT-001	1/1/2001		
4	Lorenzo	Mario		2/2/2002		
2	Peters	Mary		3/6/2003		
3	Walters	George		4/1/2004		

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III	
Etron	Mark	1/1/2001	Initial	No	Yes	Reduced Pr	4	7.11 (PA_1)	Mary Wilson
Etron	Mark	1/1/2002	Follow-Up	No	No	Reduced P	4	7.11 (PA_1)	

Analyzing and viewing CAPs

STEP 2

Once the assessment has been selected, click on the "View CAPs" button. This will bring up the CAP screen. The center of the screen is the detail of the actual CAP itself. It gives information about how the CAP is calculated and from where on the form it obtains its information.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

CAP - ADHERENCE

OBJECTIVE
To review conditions which determine adherence to treatments and therapies. Numerous studies suggest that persons who adhere to treatment have better health outcomes. Adherence activates nonspecific or concomitant features of the treatment or, at least, reveals the client's attitude and willingness to be cured. Thus, nonadherence is a risk factor.

TRIGGERS
Adherence problem suggested if individual not compliant all or most of the time with one or more of the following:

INCOMPLETE	Question Number	Client's Response	Possible Responses	Triggering Responses
<input type="checkbox"/> One or more of the selected list of treatments or therapies scheduled during the last 7 days				
Oxygen	P2a		0-3	2,3
Respirator for assistive breathing	P2b		0-3	2,3
All other respiratory treatments	P2c		0-3	2,3
Alcohol/drug treatment program	P2d		0-3	2,3
Blood transfusion(s)	P2e		0-3	2,3
Chemotherapy	P2f		0-3	2,3
Dialysis	P2g		0-3	2,3
IV infusion - central	P2h		0-3	2,3
IV infusion - peripheral	P2i		0-3	2,3
Medication by injection	P2j		0-3	2,3
Stomy care	P2k		0-3	2,3
Radiation	P2l		0-3	2,3
Gastrostomy care	P2m		0-3	2,3
Exercise therapy	P2n		0-3	2,3
Occupational therapy	P2o		0-3	2,3
Physical therapy	P2p		0-3	2,3
Physician or clinic visit	P2t		0-3	2,3
Respite care	P2u		0-3	2,3
Daily nurse monitoring (e.g. EKG ...)	P2v		0-3	2,3
Nurse monitoring less than daily	P2w		0-3	2,3
Medical alert bracelet ...	P2x		0-3	2,3
Skin treatment	P2y		0-3	2,3
Special diet	P2z		0-3	2,3
<input type="checkbox"/> Compliant less than 80% of the time with medications prescribed by the physician				
Compliant with medications in last 7 days ...	Q4		0-3	2

View CAPs

Adherence

- ☒ ADL/Rehab
- ☒ Alcohol Abuse
- ☒ Behavior
- ☒ Bowel Mgmt
- ☒ Brittle Support
- ☒ Cardio-Respiratory
- ☒ Cognition
- ☒ Communication
- ☒ Dehydration
- ☒ Depression / Anxiety
- ☒ Elder Abuse
- ☒ Environmental Asmt
- ☒ Falls
- ☒ Health Promotion
- ☒ IADLs
- ☒ Institutional Risk
- ☒ Medication Mgt
- ☒ Nutrition
- ☒ Oral Health
- ☒ Pain
- ☒ Palliative Care
- ☒ Pressure Ulcers
- ☒ Preventive Health
- ☒ Psychotropic Drugs
- ☒ Reduction Of Service
- ☒ Skin/Foot Condition
- ☒ Social Function
- ☒ Urinary Incontinence
- ☒ Visual Function

Analyzing and viewing CAPs

STEP 2 (continued)

The right side of the screen contains the CAP section buttons. Clicking on one of these buttons will bring that CAP into view.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

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Print Blank MDS-HC
Print MDS-HC List
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Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

CAP - ADHERENCE

OBJECTIVE
To review conditions which determine adherence to treatments and therapies. Numerous studies suggest that persons who adhere to treatment have better health outcomes. Adherence activates nonspecific or concomitant features of the treatment or, at least, reveals the client's attitude and willingness to be cured. Thus, nonadherence is a risk factor.

TRIGGERS
Adherence problem suggested if individual not compliant all or most of the time with one or more of the following:

INCOMPLETE	Question Number	Client's Response	Possible Responses	Triggering Responses
<input type="checkbox"/> One or more of the selected list of treatments or therapies scheduled during the last 7 days				
Oxygen	P2a		0-3	2,3
Respirator for assistive breathing	P2b		0-3	2,3
All other respiratory treatments	P2c		0-3	2,3
Alcohol/drug treatment program	P2d		0-3	2,3
Blood transfusion(s)	P2e		0-3	2,3
Chemotherapy	P2f		0-3	2,3
Dialysis	P2g		0-3	2,3
IV infusion - central	P2h		0-3	2,3
IV infusion - peripheral	P2i		0-3	2,3
Medication by injection	P2j		0-3	2,3
Ostomy care	P2k		0-3	2,3
Radiation	P2l		0-3	2,3
Tracheostomy care	P2m		0-3	2,3
Exercise therapy	P2n		0-3	2,3
Occupational therapy	P2o		0-3	2,3
Physical therapy	P2p		0-3	2,3
Physician or clinic visit	P2t		0-3	2,3
Respite care	P2u		0-3	2,3
Daily nurse monitoring (e.g. EKG ...)	P2v		0-3	2,3
Nurse monitoring less than daily	P2w		0-3	2,3
Medical alert bracelet ...	P2x		0-3	2,3
Skin treatment	P2y		0-3	2,3
Special diet	P2z		0-3	2,3
<input type="checkbox"/> Compliant less than 80% of the time with medications prescribed by the physician				
Compliant with medications in last 7 days ...	Q4		0-3	2

Adherence

- ☒ ADL/Rehab
- ☒ Alcohol Abuse
- ☒ Behavior
- ☒ Bowel Mgmt
- ☒ Brittle Support
- ☒ Cardio-Respiratory
- ☒ Cognition
- ☒ Communication
- ☒ Dehydration
- ☒ Depression / Anxiety
- ☒ Elder Abuse
- ☒ Environmental Asmt
- ☒ Falls
- ☒ Health Promotion
- ☒ IADLs
- ☒ Institutional Risk
- ☒ Medication Mgt
- ☒ Nutrition
- ☒ Oral Health
- ☒ Pain
- ☒ Palliative Care
- ☒ Pressure Ulcers
- ☒ Preventive Health
- ☒ Psychotropic Drugs
- ☒ Reduction Of Service
- ☒ Skin/Foot Condition
- ☒ Social Function
- ☒ Urinary Incontinence
- ☒ Visual Function

Analyzing and viewing Level of Care CAPs for PW 1, 2, & 6 on MDS-HC

Level of Care (LOC) Pathway (PW) CAPs for PWs 1- Activities of Daily Living (ADLs) , 2 – Cognitive Performance and/or 6 – Behavior will appear in the lower right side of the screen once the “View CAPs” button is clicked (i.e., MDS-HC assessment data is analyzed). It is important that you make sure all sections have been appropriately completed in order to assure an accurate LOC CAP analysis.

TeleSys Assessment Tools Suite

Client Name: Ramiro Lopez

Review is suggested if one or more of the following is present:

Did not trigger	Question Number	Client's Response	Possible Responses	Triggering Responses
<input type="checkbox"/> Visual impairment <i>Ability to see in adequate light w/o glasses ...</i>	D1	0	0-3	1-3
<input type="checkbox"/> Any visual limitation/difficulty <i>Saw halos or rings around lights ...</i>	D2	0	0-4	1
<input type="checkbox"/> Worsening of vision <i>Worsening of vision in last 90 days ...</i>	D3	0	0-4	1

LOCET - PATHWAY 1. Activities of Daily Living

TRIGGERED	Question Number	Resident's Response	Possible Responses
<input type="checkbox"/> Locomotion	H2c	0	0 - 6, 8
<input type="checkbox"/> Eating	H2g	1	0 - 6, 8
<input type="checkbox"/> Transfer	H2b	4	0 - 6, 8
<input type="checkbox"/> Bed Mobility	H2a	3	0 - 6, 8
<input type="checkbox"/> Toilet Use	H2h	4	0 - 6, 8
<input type="checkbox"/> Dressing	H2e	3	0 - 6, 8
<input type="checkbox"/> Personal Hygiene	H2i	1	0 - 6, 8
<input type="checkbox"/> Bathing	H2j	4	0 - 6, 8
<input type="checkbox"/> Bladder Continence	I1a	3	0 - 5, 8
<input type="checkbox"/> Medication Management	H1d	1	0 - 3, 8
<input type="checkbox"/> Meal Preparation	H1a	3	0 - 3, 8
<input type="checkbox"/> Shopping	H1f	3	0 - 3, 8
<input type="checkbox"/> Days out of house within a week	H6a	0	0 - 3
<input type="checkbox"/> ADL status change in last 90 days	H3	1	0 - 1

Behavior

- ☐ Bowel Mgmt
- ☐ Brittle Support
- ☐ Cardio-Respirator
- ☐ Cognition
- ☐ Communication
- ☒ Dehydration
- ☒ Depression / Anxi
- ☐ Elder Abuse
- ☒ Environmental As
- ☒ Falls
- ☒ Health Promotion
- ☒ IADLs
- ☒ Institutional Risk
- ☒ Medication Mgt
- ☒ Nutrition
- ☐ Oral Health
- ☐ Pain
- ☐ Palliative Care
- ☒ Pressure Ulcers
- ☒ Preventive Health
- ☒ Psychotropic Drug
- ☐ Reduction Of Serv
- ☐ Skin/Foot Conditio
- ☐ Social Function
- ☒ Urinary Incontinen
- ☐ Visual Function
- ☒ PW1: ADL
- ☐ PW2: Cognitive
- ☐ PW6: Behavior

Analyzing and viewing Level of Care CAPs for PW 1, 2, & 6 on MDS-HC

Another way to view the Level of Care CAPs is by viewing them in the MDS-HC Assessment Log located on the bottom part of the Client Screen. Scroll all the way to the right side of the screen to bring PW 1, 2, & 6 CAPs in to view. Be sure that you have performed the “View CAPs” function first on that MDS-HC to assure you are viewing the correct CAPs results.

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Client Name: Ramiro Lopez

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Scheduling
Care Plans
Event Log

View All
Search
Find Next
Find Prev
Reset

ID	Foreign ID	Last Name	First Name	Opened	Prg/Serv	Region	Agency	DOB
38000634		Lopez	Ramiro	1/26/2001	2		Test Case	1/31/1954

MDSHC Assessment List

e	Type	Locked	Images	Category	ADL	RUG III	Coordinate	PW1	PW2	PW6
MDS-HC Manual		No	No	Reduced F	4	.11	(PA_1	Inc	Inc	Inc
		No	No	Reduced F	4	.11	(PA_1	Inc	Inc	Inc
Add New MDS-HC		No	No	Reduced F	4	.11	(PA_1	Inc	Inc	Inc
View MDS-HC		No	No	Reduced F	4	.11	(PA_1	Inc	Inc	Inc
Delete MDS-HC		No	No	Reduced F	4	.11	(PA_1	Inc	Inc	Inc
		No	No	Reduced F	4	.11	(PA_1	Inc	Inc	Inc
Print MDS-HC	009 Initial	No	No	Reduced F	12	7.41	(PD) Loida Kellc	Met	NotMet	Inc
Print MDS-HC Sectio	009 Initial	No	Yes	Special R	12	1.21	(RB)	Met	NotMet	NotMet
Print Blank MDS-HC										

Attaching an Image/Document in TeleSys

Documents such as a Statement of Medical Status (SMS) form (OAAS-PF-06-009) can be attached in the form of an “image” in Telesys to either the Client Face Sheet, MDS-HC Assessment, LOCET, or Louisiana Plan of Care. **Instructions for attaching an image to an MDS-HC assessment will be used for the purpose of this instruction.**

Office of Aging and Adult Services
STATEMENT OF MEDICAL STATUS

The purpose of this form is to gather current medical information to use in planning services and care for home and community-based services or nursing facilities. Return the completed form to the patient, support coordinator, ADHC or nursing facility.

I. PATIENT INFORMATION

Name: _____ Date of Birth: _____ Gender: _____
SS#: _____ Medicaid #: _____ Medicare #: _____
Street Address: _____ Telephone #: _____
City: _____ State: _____ Zip Code: _____

II. MEDICAL INFORMATION

Diagnoses (**include ICD9): Primary: _____
Secondary: _____ ☐ MRSA Other: _____

Medications (specify dosage, frequency and route): ☐ See Attached (May attach patient's Medication Profile, additional medications/procedures or medications/procedures prescribed by other physicians)

Medication	Dosage	Frequency	Route

Allergies: ☐ NKDA

Hospitalizations within 2 years (include psychiatric): ☐ None ☐ See attached Discharge Summary (if applicable)

Special Care Procedures (check appropriate box): Give type, frequency, size, stage, site, etc., as appropriate

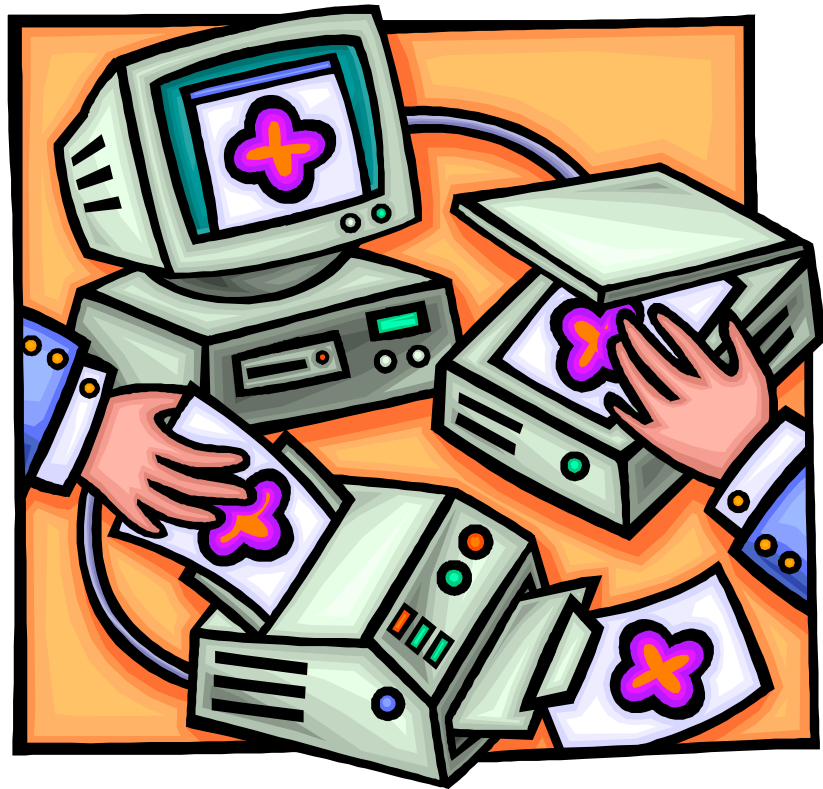
<input type="checkbox"/> Respiratory <input type="checkbox"/> Ventilator <input type="checkbox"/> Daily <input type="checkbox"/> Other	<input type="checkbox"/> Glucose Monitoring <input type="checkbox"/> Insulin Injections <input type="checkbox"/> Daily <input type="checkbox"/> Other
<input type="checkbox"/> Suctioning Oral Care <input type="checkbox"/> Daily <input type="checkbox"/> PRN	<input type="checkbox"/> Decubitus/Skin Care <input type="checkbox"/> Stage I <input type="checkbox"/> Stage II <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV
<input type="checkbox"/> Trach Care <input type="checkbox"/> Daily <input type="checkbox"/> PRN	<input type="checkbox"/> Diet/Tube Feeding

Attaching an Image/Document in TeleSys

Step 1:

To attach an image to an MDS-HC assessment in TeleSys, you must first scan the image into one of the following formats:

- .bmp
- .gif
- .tif
- .jpg
- .jpeg
- .png



Attaching an Image/Document in TeleSys

Step 2:

➤ Click on the button located on the left side of the screen for the document in TeleSys you wish to attach the scanned image (e.g., Client Face Sheet, LOCET, MDS-HC, Louisiana Plan of Care).

For purposes of this instruction, we will select the MDS-HC button.

➤ Then click on the MDS-HC you wish to attach the scanned image to.

TeleSys Assessment Tools Suite

Client Name: Ramiro Lopez

DESKTOP MODE

Tutorial
Contact Us
Users
User Rights
User Change History
Reports
Clients
MDSHC
Plan Of Care
LOCET
Attached Images
Scheduling
Care Plans
Event Log

View All
Search
Find Next
Find Prev
Reset

ID	Foreign ID	Last Name	First Name	Opened Prg/Serv	Region	Agency	DOB
38000634		Lopez	Ramiro	1/26/2001	2	Test Case	1/31/1954

MDSHC Assessment List

ID	Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III	Door
40039840	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40029798	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40024385	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40039877	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40040190	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40016288	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40040361	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40017461	Lopez	Ramiro	3/16/2009	Initial	No	No	Reduced F	12	7.41	(PD) Loid
40036965	Lopez	Ramiro	6/23/2009	Initial	No	Yes	Special C	12	3.11	(SSA) Loi

MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC

Attaching an Image/Document in TeleSys

Step 3:

➤ Click on “Attach Scanned

TeleSys Assessment Tools Suite

Client Name: Ramiro Lopez

DESKTOP MODE

Scheduling
Care Plans
Event Log
CAP Report
Meds Report
Disease Report
MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
Excel MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Action Log
Print Action Log

Client List

ID	Foreign ID	Last Name	First Name	Opened Prg/Serv	Region	Agency	DOB
38000634		Lopez	Ramiro	1/26/2001	2	Test Case	1/31/1954

View All
Search
Find Next
Find Prev
Reset

MDSHC Assessment List

ID	Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III	Door
40039840	Lopez	Ramiro			No	No	Reduced F	4	11	(PA_1
40029798	Lopez	Ramiro			No	No	Reduced F	4	11	(PA_1
40024385	Lopez	Ramiro			No	No	Reduced F	4	11	(PA_1
40039877	Lopez	Ramiro			No	No	Reduced F	4	11	(PA_1
40040190	Lopez	Ramiro			No	No	Reduced F	4	11	(PA_1
40016288	Lopez	Ramiro			No	No	Reduced F	4	11	(PA_1
40040361	Lopez	Ramiro			No	No	Reduced F	4	11	(PA_1
40017461	Lopez	Ramiro	3/16/2009	Initial	No	No	Reduced F	12	7.41	(PD) Loid
40036965	Lopez	Ramiro	6/23/2009	Initial	No	Yes	Special C	12	3.11	(SSA) Loi

Attaching an Image/Document in TeleSys

Step 4:

➤ Locate scanned image you wish to attach by browsing through your saved documents. **Note** that only the documents scanned to the acceptable file types (i.e., .bmp, .gif, .tif, .jpg, and .png) will be allowed to be attached in Telesys.

interRAI Assessment Tools Suite

TeleSys

DESKTOP MODE

Client Name: Test TeleSys

LOCET

Attached Images

Scheduling

Care Plans

Event Log

CAP Report

Meds Report

Disease Report

LOCET Manual

Add New LOCET

View LOCET

Delete LOCET

Print LOCET

Print LOCET Section

Print Blank LOCET

Print LOCET List

Excel LOCET List

View Notebook

Print Notebook

View CAPs

Print All CAPs

Print CAP Section

Print CAP Concerns

Attach Scanned Docs

Client List

Select Attached Documents

Look in: My Documents

File name: Test TeleSys Caregiver Verification

Files of type: Image files (*.bmp;*.gif;*.tif;*.jpg;*.jpeg;*.png)

Open

Cancel

ID	Last Name	First Name	DOB	Region	LOCET Status	Type	LOCET Begun	Imm Rsk
28349	TeleSys	Test	9/1/1925	9	Approved	Init	8/10/2007	Closed
28351	TeleSys	Test	9/1/1925	9	Approved	Init	10/1/2007	Met
28348	TeleSys	Test	9/1/1925	9	Unknown	Init	10/2/2007	NotMet
28350	TeleSys	Test	9/1/1925	9	Denied	Init	10/2/2007	NotMet

Attaching an Image/Document in TeleSys

Step 5:

Highlight the file you wish to attach.

Step 6:

Click “Open”

interRAI Assessment Tools Suite

TeleSys
DESKTOP MODE
Last Run: 10/10/2007
LOCET

Client Name: Test TeleSys

Client List

View All
Search
Find Next
Find Prev
Reset

Attached Images

Scheduling
Care Plans
Event Log

CAP Report
Meds Report
Disease Report

LOCET Manual

Add New LOCET
View LOCET
Delete LOCET

Print LOCET
Print LOCET Section
Print Blank LOCET
Print LOCET List
Excel LOCET List

View Notebook
Print Notebook

View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns

Attach Scanned Docs

Select Attached Documents

Look in: My Documents

File name: Test TeleSys Caregiver Verification

Files of type: Image files (*.bmp;*.gif;*.tif;*.jpg;*.jpeg;*.png)

Open
Cancel

ID	Last Name	First Name	DOB	Region	LOCET Status	Type	LOCET Begun	Imm Rsk
28349	TeleSys	Test	9/1/1925	9	Approved	Init	8/10/2007	Closed
28351	TeleSys	Test	9/1/1925	9	Approved	Init	10/1/2007	Met
28348	TeleSys	Test	9/1/1925	9	Unknown	Init	10/2/2007	NotMet
28350	TeleSys	Test	9/1/1925	9	Denied	Init	10/2/2007	NotMet

Attaching an Image/Document in TeleSys

Step 7:

This screen prompt will allow you to rename the file if you wish

Step 8:

Once you have renamed the file (or kept the same name), click “OK”. The scanned image is not attached to the Telesys document.

interRAI Assessment Tools Suite

TeleSys

DESKTOP MODE

LOCET

Attached Images

Scheduling

Care Plans

Event Log

CAP Report

Meds Report

Disease Report

LOCET Manual

Add New LOCET

View LOCET

Delete LOCET

Print LOCET

Print LOCET Section

Print Blank LOCET

Print LOCET List

Excel LOCET List

View Notebook

Print Notebook

View CAPs

Print All CAPs

Print CAP Section

Print CAP Concerns

Attach Scanned Docs

Attaching Test TeleSys Caregiver Verification.bmp

Client List

ID	Foreign ID	Last Name	First Name	Opened	Prg/Serv	Region	DOB	
40031527		TeleSys	Test		0	9	9/1/1925	123

Select Image Name

Select a name for Test TeleSys Caregiver Verification.bmp

OK

Cancel

Test TeleSys Caregiver Verification

LOCET Assessment List

ID	Last Name	First Name	DOB	Region	LOCET Status	Type	LOCET Begun	Imm Rsk
28349	TeleSys	Test	9/1/1925	9	Approved	Init	8/10/2007	Closed
28351	TeleSys	Test	9/1/1925	9	Approved	Init	10/1/2007	Met
28348	TeleSys	Test	9/1/1925	9	Unknown	Init	10/2/2007	NotMet
28350	TeleSys	Test	9/1/1925	9	Denied	Init	10/2/2007	NotMet

Viewing an Attached Image in Telesys

Step 1:

Once a client is selected on the Master Client List in TeleSys, click on “Attached Images” button. A list of all scanned images in TeleSys for that client will be displaced on the bottom half of the screen.

interRAI Assessment Tools Suite

Telesys

DESKTOP MODE

Client Name: Test TeleSys

Tutorial

Contact Us

Reports

Clients

MDSHC

LA Plan Of Care

LOCET

Attached Images

Scheduling

Care Plans

Event Log

CAP Report

Meds Report

Disease Report

View Image

Delete Image

Print Image List

Excel Image List

Client List

ID	Foreign ID	Last Name	First Name	Opened	Prg/Serv	Region	DOB	S
40031527		TeleSys	Test	0	9		9/1/1925	123

Images Attached to Client List

Client ID	Attached To ID	Attached To Type	Image Name	Date Attached
40031527	28349	LOCET	Test TeleSys Caregiver Verific	10/07/2007
40031527	40016156	MDSHC	Test Telesys SMS	10/07/2007

Viewing an Attached Image in Telesys

Step 2

➤ Determine what document the scanned image is attached to by viewing the “Attached to Type” column on the lower half of the screen.

➤ The Image Name will appear in the “Image Name” column.

interRAI Assessment Tools Suite

Telesys

DESKTOP MODE

Client Name: Test TeleSys

Tutorial
Contact Us
Reports
Clients
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LA Plan Of Care
LOCET
Attached Images
Scheduling
Care Plans
Event Log
CAP Report
Meds Report
Disease Report
View Image
Delete Image
Print Image List
Excel Image List

Client List								
ID	Foreign ID	Last Name	First Name	Opened	Prg/Serv	Region	DOB	S
40031527		TeleSys	Test		0	9	9/1/1925	123

Images Attached to Client List				
Client ID	Attached To ID	Attached To Type	Image Name	Date Attached
40031527	28349	LOCET	Test TeleSys Caregiver Verific	10/07/2007
40031527	40016156	MDSHC	Test Telesys SMS	10/07/2007

Viewing an Attached Image in Telesys

Step 3

To view the image, select the image on the list and then click on “View Image” button.

interRAI Assessment Tools Suite

Telesys

DESKTOP MODE

Client Name: Test TeleSys

Tutorial
Contact Us
Reports
Clients
MDSHC
LA Plan Of Care
LOCET
Attached Images
Scheduling
Care Plans
Event Log
CAP Report
Meds Report
Disease Report

Client List								
ID	Foreign ID	Last Name	First Name	Opened	Prg/Serv	Region	DOB	S
40031527		TeleSys	Test		0	9	9/1/1925	123

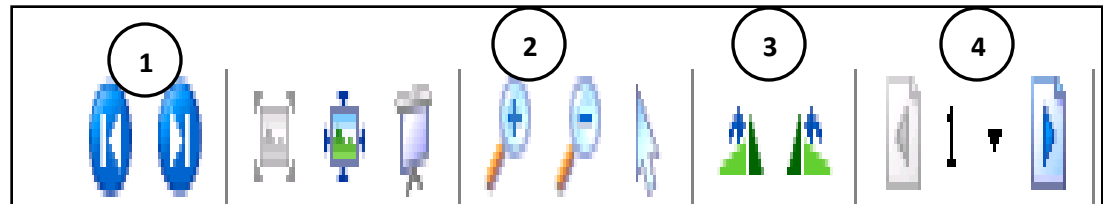
View Image
Delete Image
Print Image List
Excel Image List

Images Attached to Client List				
Client ID	Attached To ID	Attached To Type	Image Name	Date Attached
40031527	28349	LOCET	Test TeleSys Caregiver Verific	10/07/2007
40031527	40016156	MDSHC	Test Telesys SMS	10/07/2007

Viewing an Attached Image in Telesys

Step 4

Once the image is opened, the navigation buttons at the bottom of the screen will allow you to manipulate the image as needed. The most commonly used buttons are shown here and numbered for easy reference.



- 1. Page navigation, backward and forward. Also used to take you to the first or last page of the image.**
- 2. Magnification**
- 3. Page rotation: clockwise and counterclockwise**
- 4. Page navigation, backward and forward. Only one page “turns” per click.**

Printing

STEP 1

You may print any form in the system in its entirety populated with information, the entire blank form, or a section of the form.

You can print any assessment, a Face Sheet or the CAPs presentation.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

Tutorial
Contact Us
Clients
MDSHC
Event Log

MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC

Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns

Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Etron	Mark	
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number b. Health insurance number (if other comparable insurance number)		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male	2. Female
2.	Birthdate	Month Day Year	
3.	Race / Ethnicity	0. No 1. Yes (Answer All) Race: a. American Indian/ Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino	
4.	Marital Status	1. Never married 2. Married	3. Widowed 4. Separated 5. Divorced 6. Other
5.	Language	1. English 2. Spanish 3. French 4. Other	

☒ AA. Name/ID
☐ BB. Personal
☐ CC. Referral
☒ A. Asmt Info
☐ B. Cognitive
☐ C. Comm/Hear
☐ D. Vision
☒ E. Mood/Behav
☐ F. Social
☐ G. Support
☐ H. Physical
☐ I. Continence
☐ J. Disease
☐ K. Health
☐ L. Nutrition
☐ M. Dental
☐ N. Skin
☐ O. Environment
☐ P. Service
☐ Q. Medications
☒ R. Signature
☒ Notebook

Printing

STEP 1 (continued)

The first thing you will see is a confirmation message asking if you really want to print the form.

If you answer “No”, you will be returned to the previous screen. If you answer “Yes”, another series of questions will be asked of you.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1. Name of Client	Etron	Mark	
	a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2. Case Record No.			
3. Government Pension And Health Insurance Numbers	a. Pension (Social Security) Number - - - - - b. Health insurance number (of other comparable insurance number) - - - - -		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1. Gender	1. Male 2. Female	
2. Birthdate	- - - - - Month Day Year	
3. Race / Ethnicity	(Answer All) Race: a. American Indian/ Alaskan Native b. Asian c. Black / African Amer d. Native Hawaiian or other Pacific Islander e. White Ethnicity: f. Hispanic or Latino	
4. Marital Status	1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced 6. Other	
5. Language	Primary Language 1. English 2. Spanish 3. French 4. Other	

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Print MDS-HC

Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List

View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns

Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Do you want to print this form?

Printing

STEP 2

The following questions will be asked of you. The first is to determine if you want any HIPAA information printed in the form. If you answer Yes to this question, no HIPAA info will be printed (i.e. Name, address, telephone numbers, SSN, DOB, etc.)

Exclude HIPAA info from printing on form?

Yes

No

Print form to PDF file or to printer?

PDF

Printer

Number of columns per page

1

2

Printing

STEP 2 (continued)

You will then be asked if you wish to print directly to the printer or to generate a PDF file. We will cover the PDF situation in the next few paragraphs. For this example, we will select the Printer. The system can print the form on the page in either a single a two column format. For fewer pages, select the two column version. The print size may be small in this view, but it is readable. For easier reading, you may wish to select the 1 column mode.

Exclude HIPAA info from printing on form?

Yes

No

Print form to PDF file or to printer?

PDF

Printer

Number of columns per page

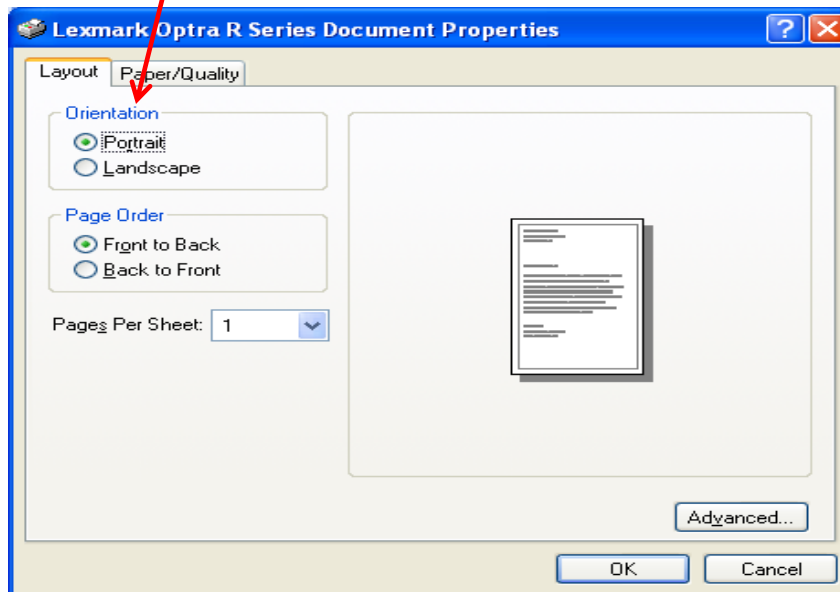
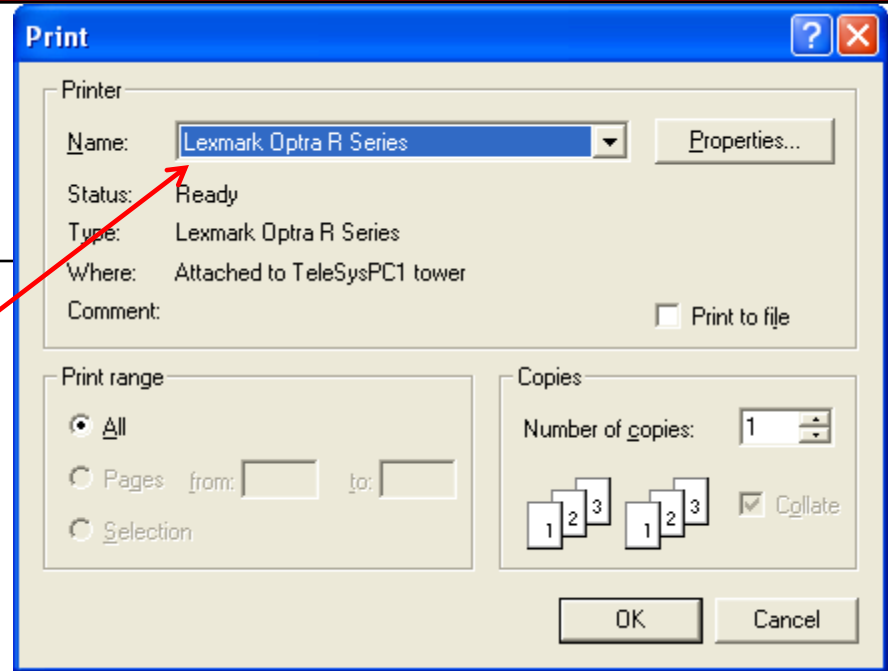
1

2

Printing

STEP 3

If printing directly to the printer, this dialogue box will appear. From it, you can select which printer you wish to use. If you click on the Properties button, you will be able to select either portrait or landscape mode of printing

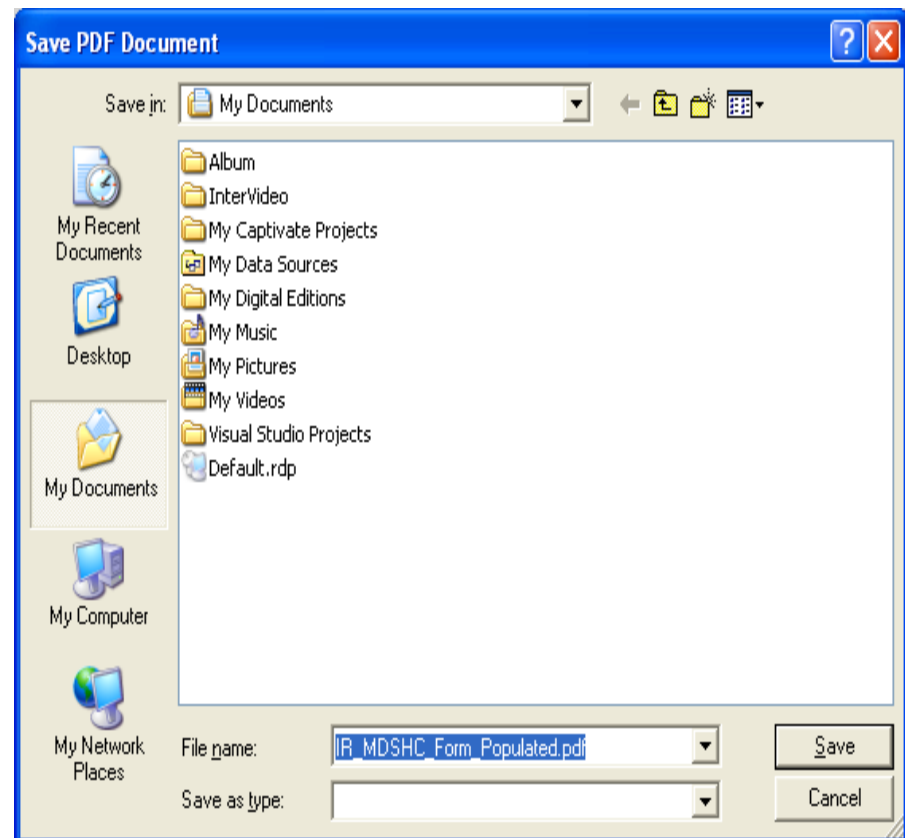
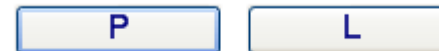


Printing

STEP 4

If you selected PDF, you will then be asked if you wish to generate the PDF in Portrait or Landscape mode. Once you have selected Portrait or Landscape, the system will then present you with a dialogue box to store the PDF wherever you wish. This file dialogue box operates the same as any other file save dialogue box. You would use the drop down in the Save In: section to find the folder into which you wish to place the PDF file.

Print in Portrait (P) or Landscape (L) mode ?



Using the Notebook

STEP 1

When you view any assessment or client face sheet, you will notice that there is a Notebook section in the right side section buttons. This is a valuable tool that allows you to enter notes on any individual answer box in the assessment, or on any section of the assessment or the entire assessment.

interRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

Tutorial
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MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Etron	Mark	
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers			
		a. Pension (Social Security) Number		
		b. Health insurance number (of other comparable insurance number)		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male	2. Female	
2.	Birthdate			
		Month	Day	Year
3.	Race / Ethnicity	(Answer All)		
		Race:	d. Native Hawaiian or other Pacific Islander	
		a. American Indian/ Alaskan Native	e. White	
		b. Asian	Ethnicity:	
		c. Black / African Amer	f. Hispanic or Latino	
4.	Marital Status	1. Never married	3. Widowed	5. Divorced
		2. Married	4. Separated	6. Other
5.	Language	Primary Language		
		1. English	2. Spanish	3. Other

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Using the Notebook

STEP 1 (continued)

You may invoke the Notebook at any time by depressing the F5 key on your computer key board, or by clicking on the Notebook section button.

interRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

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Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

MINIMUM DATA SET - HOME CARE (MDS-HC)
Unless otherwise noted, score for last 3 days
Examples of exceptions include IADLs / Continence / Services / Treatments where status scored over last 7 days

SECTION AA. NAME AND IDENTIFICATION NUMBERS

1.	Name of Client	Etron	Mark	
		a. (Last/Family Name)	b. (First Name)	c. (Middle Name)
2.	Case Record No.			
3.	Government Pension And Health Insurance Numbers			
		a. Pension (Social Security) Number		
		b. Health insurance number (of other comparable insurance number)		

SECTION BB. PERSONAL ITEMS (Complete at Intake Only)

1.	Gender	1. Male	2. Female	
2.	Birthdate	Month — Day — Year		
3.	Race / Ethnicity	(Answer All)		
		Race:	d. Native Hawaiian or other Pacific Islander	
		a. American Indian/ Alaskan Native	e. White	
		b. Asian	Ethnicity:	
		c. Black / African Amer	f. Hispanic or Latino	
4.	Marital Status	1. Never married 2. Married	3. Widowed 4. Separated	5. Divorced 6. Other
5.	Language	Primary Language		

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Using the Notebook

STEP 2

When you click on the Notebook section button, the notebook section will appear. You cannot type directly into the Notebook section within the form. The notebook display box will display the first few lines of the notebook just to let you know that there is something in the notebook, or you can view the completion graphic next to the Notebook section button.

The screenshot displays the InterRAI Assessment Tools Suite interface. The top bar is blue with the text "InterRAI Assessment Tools Suite". Below this, the "TeleSys" logo and "DESKTOP MODE" are visible. The "Client Name: Mark Etron" is displayed in red. The left sidebar contains a list of buttons: Tutorial, Contact Us, Clients, MDSHC, Event Log, MDS-HC Manual, Add New MDS-HC, View MDS-HC, Delete MDS-HC, Print MDS-HC, Print MDS-HC Section, Print Blank MDS-HC, Print MDS-HC List, View Notebook, Print Notebook, View CAPs, Print All CAPs, Print CAP Section, Print CAP Concerns, Attach Scanned Docs, View Scanned Docs, Print Scanned Docs, and Rotate Scanned Docs. The main content area is titled "SECTION R. ASSESSOR INFORMATION" and contains a section for "SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:". This section includes fields for the signature of the assessment coordinator (Mary Wilson), the title of the assessment coordinator (Clinician), and the date the assessment coordinator signed as complete (01/01/2001). Below this is a table for "Other Signatures" with columns for Other Signatures, Title, Section, and Date. The bottom of the interface shows the "NOTEBOOK - General Notes on Assessment" section, which is currently blank. A red arrow points from the "View Notebook" button in the sidebar to the "NOTEBOOK" section. Another red arrow points from the "View Notebook" button to the "NOTEBOOK" section.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

Tutorial
Contact Us
Clients
MDSHC
Event Log

MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

SECTION R. ASSESSOR INFORMATION

1. SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:

a. Signature of Assessment coordinator
Mary Wilson

b. Title of Assessment Coordinator
Clinician

c. Date Assessment Coordinator signed as complete
01/01/2001
Month Day Year

Other Signatures	Title	Section	Date
d.			
e.			
f.			
g.			
h.			
i.			

NOTEBOOK - General Notes on Assessment

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Using the Notebook

STEP 2 (continued)

If the section button is full, then there is something in the notebook. In order to get to the actual Notebook input screen, either double left click anywhere within the Notebook display box or depress the Enter key if the Notebook display box has the focus.

interRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

Tutorial
Contact Us
Clients
MDSHC
Event Log

MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

SECTION R. ASSESSOR INFORMATION

1. SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:

a. Signature of Assessment coordinator
Mary Wilson

b. Title of Assessment Coordinator
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c. Date Assessment Coordinator signed as complete
01/01/2001
Month Day Year

Other Signatures	Title	Section	Date
d.			
e.			
f.			
g.			
h.			
i.			

NOTEBOOK - General Notes on Assessment

AA. Name/ID
BB. Personal
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A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

Using the Notebook

STEP 3

The Notebook entry screen will become visible. It is segmented into two parts. The top section is the viewing window and allows you to see all past notes. The lower section is the current input area. You can type into this area and spell check it.

interRAI Assessment Tools Suite

TeleSys

DESKTOP MODE

Client Name: Mark Etron

Note

PREVIOUS NOTES -- CAN NOT BE CHANGED

NEW NOTES

10/24/2006 9:42:03 AM - Mark Tofano

Save Spell Check Cancel

Navigation menu items:

- Tutorial
- Contact Us
- Clients
- MDSHC
- Event Log
- MDS-HC Manual
- Add New MDS-HC
- View MDS-HC
- Delete MDS-HC
- Print MDS-HC
- Print MDS-HC Section
- Print Blank MDS-HC
- Print MDS-HC List
- View Notebook
- Print Notebook
- View CAPs
- Print All CAPs
- Print CAP Section
- Print CAP Concerns
- Attach Scanned Docs
- View Scanned Docs
- Print Scanned Docs
- Rotate Scanned Docs

Checklist items:

- ☒ AA. Name/ID
- ☐ BB. Personal
- ☐ CC. Referral
- ☐ A. Asmt Info
- ☐ B. Cognitive
- ☐ C. Comm/Hear
- ☐ D. Vision
- ☒ E. Mood/Behav
- ☐ F. Social
- ☐ G. Support
- ☐ H. Physical
- ☐ I. Continence
- ☐ J. Disease
- ☐ K. Health
- ☐ L. Nutrition
- ☐ M. Dental
- ☐ N. Skin
- ☐ O. Environment
- ☐ P. Service
- ☐ Q. Medications
- ☒ R. Signature
- ☐ Notebook

Using the Notebook

STEP 3 (continued)

Once you have completed your notes, click on the "Save" key to permanently save the text. Once the text has been saved, it cannot be changed. In order to make a correction to the notes, you must actually make another note entry referencing the past error and showing the correction. This technique provides a complete audit trail of notes.

The screenshot displays the TeleSys interRAI Assessment Tools Suite interface. The title bar reads "interRAI Assessment Tools Suite". The main window has a blue header with "TeleSys" and "DESKTOP MODE". The client name "Mark Etron" is displayed in the top right. The interface is divided into a sidebar on the left and a main content area. The sidebar contains a list of navigation options: Tutorial, Contact Us, Clients, MDSHC (highlighted), Event Log, MDS-HC Manual, Add New MDS-HC, View MDS-HC, Delete MDS-HC, Print MDS-HC, Print MDS-HC Section, Print Blank MDS-HC, Print MDS-HC List, View Notebook, Print Notebook, View CAPs, Print All CAPs, Print CAP Section, Print CAP Concerns, Attach Scanned Docs, View Scanned Docs, Print Scanned Docs, and Rotate Scanned Docs. The main content area is titled "Note" and shows "Client Name: Mark Etron". It features a large text area for "PREVIOUS NOTES -- CAN NOT BE CHANGED" and a smaller text area for "NEW NOTES". The "NEW NOTES" area contains the text "10/24/2006 9:42:03 AM - Mark Tofano". At the bottom of the window, there are three buttons: "Save", "Spell Check", and "Cancel". A red arrow points from the "Save" button in the sidebar to the "Save" button at the bottom of the window.

Exiting the MDS-HC Screen

Step 1

Once the MDS-HC has been completed, click on the MDS-HC button to return to the MDS-HC Assessment List screen.

InterRAI Assessment Tools Suite

TeleSys

DESKTOP MODE

Client Name: Mark Etron

Note

Tutorial
Contact Us

Clients

MDSHC

Event Log

MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

PREVIOUS NOTES -- CAN NOT BE CHANGED

NEW NOTES

10/24/2006 9:42:03 AM - Mark Tofano

Save Spell Check Cancel

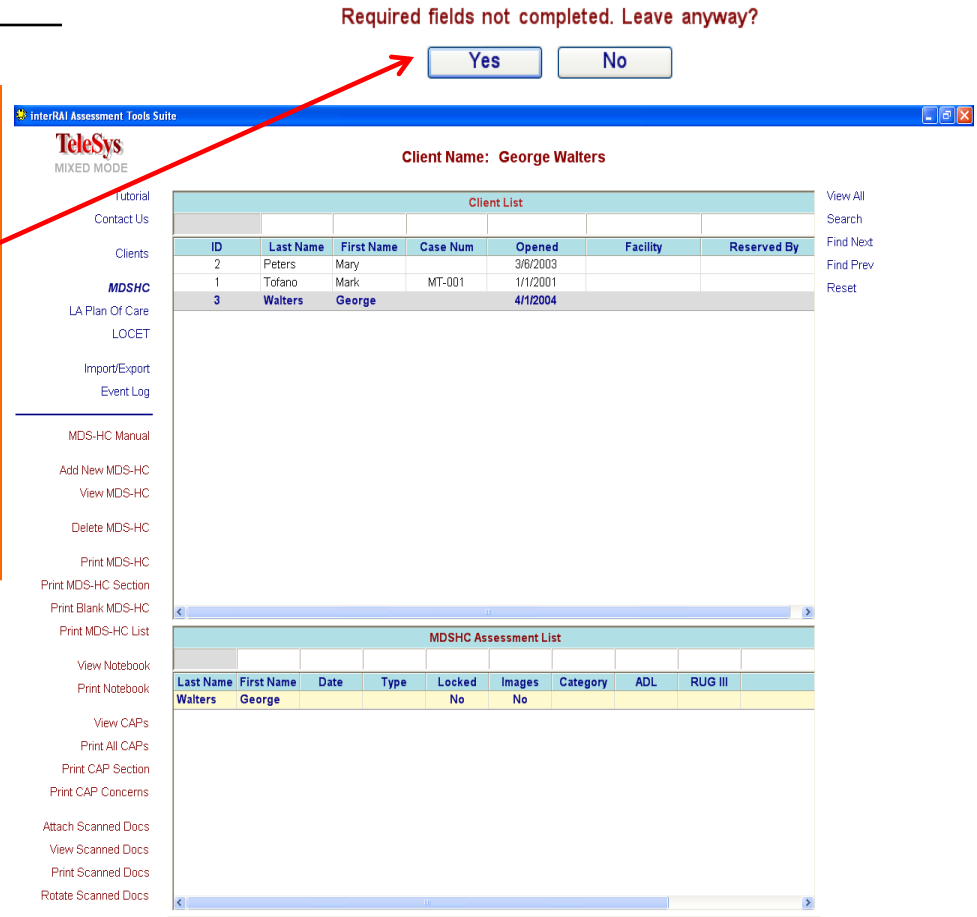
- ☒ AA. Name/ID
- ☐ BB. Personal
- ☐ CC. Referral
- ☐ A. Asmt Info
- ☐ B. Cognitive
- ☐ C. Comm/Hear
- ☐ D. Vision
- ☒ E. Mood/Behav
- ☐ F. Social
- ☐ G. Support
- ☐ H. Physical
- ☐ I. Continence
- ☐ J. Disease
- ☐ K. Health
- ☐ L. Nutrition
- ☐ M. Dental
- ☐ N. Skin
- ☐ O. Environment
- ☐ P. Service
- ☐ Q. Medications
- ☐ R. Signature
- ☐ Notebook

Exiting the MDS-HC Screen

Step 2

If the required fields have not been completed, you will be prompted to determine if you actually do wish to leave the form.

Required fields not completed. Leave anyway?



InterRAI Assessment Tools Suite

TeleSys
MIXED MODE

Client Name: George Walters

Client List

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/8/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

MDSHC Assessment List

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
Walters	George			No	No			

View All
Search
Find Next
Find Prev
Reset

MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

Exiting the MDS-HC Screen

Step 2 (continued)

If you answer “No”, the screen will stay as it is.

If you answer “Yes”, then the screen will go to the MDS-HC Assessment List screen.

Required fields not completed. Leave anyway?

Client Name: George Walters

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/6/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

MDSHC Assessment List

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
Walters	George			No	No			

Exiting the MDS-HC Screen

Step 3

We now see that Mr. Walters has an MDS-HC completed.

Required fields not completed. Leave anyway?

InterfAI Assessment Tools Suite

TeleSys

MIXED MODE

Client Name: George Walters

Tutorial
Contact Us
Clients
MDSHC
LA Plan Of Care
LOCET
Import/Export
Event Log
MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC
Print MDS-HC List
View Notebook
Print Notebook
View CAPs
Print All CAPs
Print CAP Section
Print CAP Concerns
Attach Scanned Docs
View Scanned Docs
Print Scanned Docs
Rotate Scanned Docs

View All
Search
Find Next
Find Prev
Reset

ID	Last Name	First Name	Case Num	Opened	Facility	Reserved By
2	Peters	Mary		3/6/2003		
1	Tofano	Mark	MT-001	1/1/2001		
3	Walters	George		4/1/2004		

MDSHC Assessment List

Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III
Walters	George			No	No			

MDS-HC Data Entry & Error Correction Protocol

1. Enter data in to TeleSys from data collected during face-to-face MDS-HC assessment within ten (10) business days from the completion date noted in Section R 1 c. of the MDS-HC assessment form

TeleSys Assessment Tools Suite

Client Name: Ramiro Lopez

DESKTOP MODE

Tutorial
Contact Us
Users
User Rights
User Change History
Reports
Clients
MDSHC
LA Plan Of Care
LOCET
Attached Images
Scheduling
Care Plans
Event Log
CAP Report
Meds Report
Disease Report
MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Section
Print Blank MDS-HC

t. _____
u. _____
v. _____
w. _____
x. _____

SECTION R. ASSESSOR INFORMATION

1. **SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:**

a. Signature of Assessment coordinator
Loida Kelgren

b. Title of Assessment Coordinator
Medical Certification Program Manger

c. Date Assessment Coordinator signed as complete
06 - 23 - 2006
Month Day Year

Other Signatures Title Section Date

d. _____
e. _____
f. _____
g. _____
h. _____
i. _____

☒ AA. Name/ID
☒ BB. Personal
☒ CC. Referral
☒ A. Asmt Info
☒ B. Cognitive
☒ C. Comm/Hear
☒ D. Vision
☒ E. Mood/Behav
☒ F. Social
☒ G. Support
☒ H. Physical
☒ I. Continence
☒ J. Disease
☒ K. Health
☒ L. Nutrition
☒ M. Dental
☒ N. Skin
☒ O. Environment
☒ P. Service
☒ Q. Medications
☒ **R. Signature**
☐ Notebook

MDS-HC Data Entry & Error Correction Protocol

2. Enter the MDS-HC assessment data in its entirety at the time of data entry. **Entering an MDS-HC assessment that is only partially completed in Telesys (e.g., not signed and locked) is not an acceptable practice.**

Telesys Assessment Tools Suite

Client Name: Ramiro Lopez

DESKTOP MODE

Tutorial
Contact Us
Users
User Rights
User Change History
Reports
Clients
MDSHC
LA Plan Of Care
LOCET
Attached Images
Scheduling
Care Plans
Event Log
CAP Report
Meds Report
Disease Report
MDS-HC Manual
Add New MDS-HC
View MDS-HC
Delete MDS-HC
Print MDS-HC
Print MDS-HC Sectio
Print Blank MDS-HC

AA. Name/ID
BB. Personal
CC. Referral
A. Asmt Info
B. Cognitive
C. Comm/Hear
D. Vision
E. Mood/Behav
F. Social
G. Support
H. Physical
I. Continence
J. Disease
K. Health
L. Nutrition
M. Dental
N. Skin
O. Environment
P. Service
Q. Medications
R. Signature
Notebook

t. _____
u. _____
v. _____
w. _____
x. _____

SECTION R. ASSESSOR INFORMATION

1. SIGNATURES OF PERSONS COMPLETING THE ASSESSMENT:

a. Signature of Assessment coordinator

b. Title of Assessment Coordinator

c. Date Assessment Coordinator signed as complete
0 6 / 2 3 / 2 0 0 6
Month Day Year

Other Signatures Title Section Date

d. _____
e. _____
f. _____
g. _____
h. _____
i. _____

MDS-HC Data Entry & Error Correction Protocol

3. Once you have entered an MDS-HC assessment in TeleSys, you must always click the “View CAPs” button located on the lower left-hand side of the Screen.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

CAP - ADHERENCE

OBJECTIVE
To review conditions which determine adherence to treatments and therapies. Numerous studies suggest that persons who adhere to treatment have better health outcomes. Adherence activates nonspecific or concomitant features of the treatment or, at least, reveals the client's attitude and willingness to be cured. Thus, nonadherence is a risk factor.

TRIGGERS
Adherence problem suggested if individual not compliant all or most of the time with one or more of the following:

INCOMPLETE	Question Number	Client's Response	Possible Responses	Triggering Responses
<input type="checkbox"/> One or more of the selected list of treatments or therapies scheduled during the last 7 days				
Oxygen	P2a		0-3	2,3
Respirator for assistive breathing	P2b		0-3	2,3
All other respiratory treatments	P2c		0-3	2,3
Alcohol/drug treatment program	P2d		0-3	2,3
Blood transfusion(s)	P2e		0-3	2,3
Chemotherapy	P2f		0-3	2,3
Dialysis	P2g		0-3	2,3
IV infusion - central	P2h		0-3	2,3
IV infusion - peripheral	P2i		0-3	2,3
Medication by injection	P2j		0-3	2,3
Ostomy care	P2k		0-3	2,3
Radiation	P2l		0-3	2,3
Tracheostomy care	P2m		0-3	2,3
Exercise therapy	P2n		0-3	2,3
Occupational therapy	P2o		0-3	2,3
Physical therapy	P2p		0-3	2,3
Physician or clinic visit	P2q		0-3	2,3
Respite care	P2u		0-3	2,3
Daily nurse monitoring (e.g. EKG ...)	P2v		0-3	2,3
Nurse monitoring less than daily	P2w		0-3	2,3
Medical alert bracelet ...	P2x		0-3	2,3
Skin treatment	P2y		0-3	2,3
Special diet	P2z		0-3	2,3
<input type="checkbox"/> Compliant less than 80% of the time with medications prescribed by the physician				
Compliant with medications in last 7 days ...	Q4		0-3	2

Adherence

- ☒ ADL/Rehab
- ☒ Alcohol Abuse
- ☒ Behavior
- ☒ Bowel Mgmt
- ☒ Brittle Support
- ☒ Cardio-Respiratory
- ☒ Cognition
- ☒ Communication
- ☒ Dehydration
- ☒ Depression / Anxiety
- ☒ Elder Abuse
- ☒ Environmental Asmt
- ☒ Falls
- ☒ Health Promotion
- ☒ IADLs
- ☒ Institutional Risk
- ☒ Medication Mgt
- ☒ Nutrition
- ☒ Oral Health
- ☒ Pain
- ☒ Palliative Care
- ☒ Pressure Ulcers
- ☒ Preventive Health
- ☒ Psychotropic Drugs
- ☒ Reduction of Service
- ☒ Skin/Foot Condition
- ☒ Social Function
- ☒ Urinary Incontinence
- ☒ Visual Function

MDS-HC Data Entry & Error Correction Protocol

4. Print a hard copy of the MDS-HC and/or CAPs Report as applicable.

InterRAI Assessment Tools Suite

TeleSys
DESKTOP MODE

Client Name: Mark Etron

CAP - ADHERENCE

OBJECTIVE
To review conditions which determine adherence to treatments and therapies. Numerous studies suggest that persons who adhere to treatment have better health outcomes. Adherence activates nonspecific or concomitant features of the treatment or, at least, reveals the client's attitude and willingness to be cured. Thus, nonadherence is a risk factor.

TRIGGERS
Adherence problem suggested if individual not compliant all or most of the time with one or more of the following:

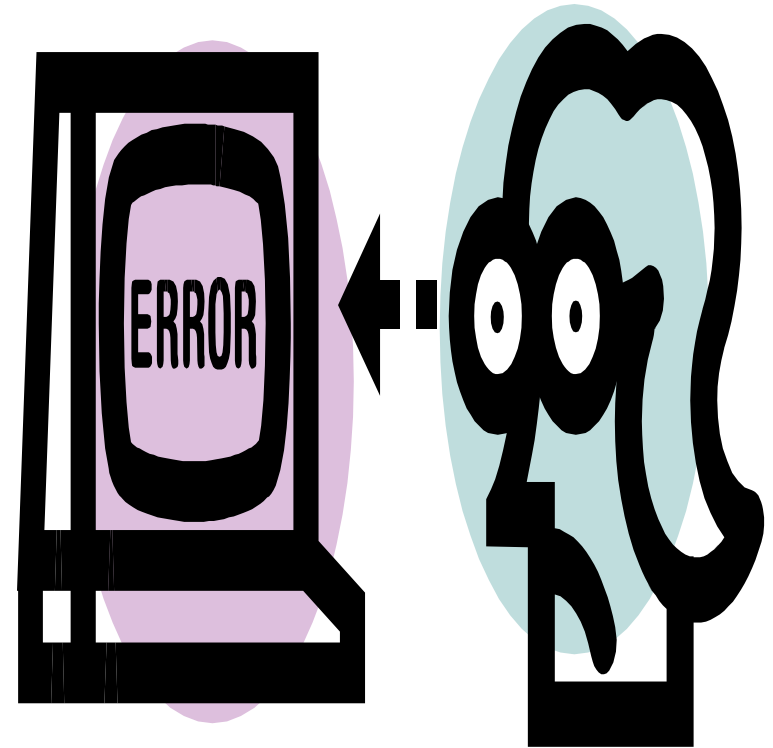
INCOMPLETE	Question Number	Client's Response	Possible Responses	Triggering Responses
<input type="checkbox"/> One or more of the selected list of treatments or therapies scheduled during the last 7 days				
Oxygen	P2a		0-3	2,3
Respirator for assistive breathing	P2b		0-3	2,3
All other respiratory treatments	P2c		0-3	2,3
Alcohol/drug treatment program	P2d		0-3	2,3
Blood transfusion(s)	P2e		0-3	2,3
Chemotherapy	P2f		0-3	2,3
Dialysis	P2g		0-3	2,3
IV infusion - central	P2h		0-3	2,3
IV infusion - peripheral	P2i		0-3	2,3
Medication by injection	P2j		0-3	2,3
Ostomy care	P2k		0-3	2,3
Radiation	P2l		0-3	2,3
Tracheostomy care	P2m		0-3	2,3
Exercise therapy	P2n		0-3	2,3
Occupational therapy	P2o		0-3	2,3
Physical therapy	P2p		0-3	2,3
Physician or clinic visit	P2q		0-3	2,3
Respite care	P2u		0-3	2,3
Daily nurse monitoring (e.g. EKG ...)	P2v		0-3	2,3
Nurse monitoring less than daily	P2w		0-3	2,3
Medical alert bracelet ...	P2x		0-3	2,3
Skin treatment	P2y		0-3	2,3
Special diet	P2z		0-3	2,3
<input type="checkbox"/> Compliant less than 80% of the time with medications prescribed by the physician				
Compliant with medications in last 7 days ...	Q4		0-3	2

Adherence

- ☒ ADL/Rehab
- ☒ Alcohol Abuse
- ☒ Behavior
- ☒ Bowel Mgmt
- ☒ Brittle Support
- ☒ Cardio-Respiratory
- ☒ Cognition
- ☒ Communication
- ☒ Dehydration
- ☒ Depression / Anxiety
- ☒ Elder Abuse
- ☒ Environmental Asmt
- ☒ Falls
- ☒ Health Promotion
- ☒ IADLs
- ☒ Institutional Risk
- ☒ Medication Mgt
- ☒ Nutrition
- ☒ Oral Health
- ☒ Pain
- ☒ Palliative Care
- ☒ Pressure Ulcers
- ☒ Preventive Health
- ☒ Psychotropic Drugs
- ☒ Reduction Of Service
- ☒ Skin/Foot Condition
- ☒ Social Function
- ☒ Urinary Incontinence
- ☒ Visual Function

MDS-HC Data Entry & Error Correction Protocol

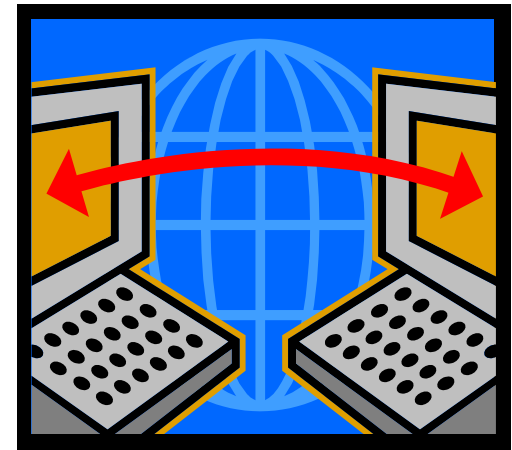
Error Correction means that incorrect data has been entered into any section of an MDS-HC assessment that was previously entered and locked in the TeleSys database, and as a result, a request is being made for correction of the error(s)



MDS-HC Data Entry & Error Correction Protocol

Follow the steps below to request that a data entry error be corrected on a “locked” MDS-HC in TeleSys:

1. Notify the OAAS Regional Office via email communication immediately upon discovery of the error. **Never show the client's name in the subject line of the email message.**



MDS-HC Data Entry & Error Correction Protocol

2. Include the following information in the email request:
- Client's first and last name;
 - Client Record ID Number located in the first column of the TeleSys Client Screen;
 - Client MDS-HC ID number located in the first column of the lower half of the TeleSys Client Screen for the MDS-HC record you need corrected.

The screenshot displays the TeleSys Assessment Tools Suite interface. The top section shows the client name "Ramiro Lopez" and a "Client List" table. The "Client List" table has columns: ID, Foreign ID, Last Name, First Name, Opened Prg/Serv, Region, Agency, and DOB. The first row is highlighted with a blue box, and a red arrow points from the text "Client Record ID Number" in the list to this box.

ID	Foreign ID	Last Name	First Name	Opened Prg/Serv	Region	Agency	DOB
38000634		Lopez	Ramiro	1/26/2001	2	Test Case	1/31/1954

The bottom section shows the "MDSHC Assessment List" table. The first column of this table is highlighted with a blue box, and a red arrow points from the text "Client MDS-HC ID number" in the list to this box.

ID	Last Name	First Name	Date	Type	Locked	Images	Category	ADL	RUG III	oor
40039840	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40029798	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40024385	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40039877	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40040190	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40016288	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40040361	Lopez	Ramiro			No	No	Reduced F	4	.11	(PA_1
40017461	Lopez	Ramiro	3/16/2009	Initial	No	No	Reduced F	12	7.41	(PD) Loid
40036965	Lopez	Ramiro	6/23/2009	Initial	No	Yes	Special C	12	3.11	(SSA) Loi

MDS-HC Data Entry & Error Correction Protocol

- Reason for the requested Correction stated as:
- **Transcription Error:** Data was accidentally entered in the TeleSys database as a result of human error. For example, a letter was transposed in a name such as typing “Gtegory” instead of “Gregory”, or accidentally hitting the “1” key instead of the “0” key for a coded item. OR...

MDS-HC Data Entry & Error Correction Protocol

- **...Coding Error:** An MDS-HC Section item was miscoded at the time of the assessment as evidenced by supporting documentation submitted with the MDS-HC. For example, a code of “0” Independent was entered for transferring ADL in Section H 2 of the MDS-HC. The supporting documentation in the care plan clearly shows that the person was recovering from hip replacement surgery during the 3 day look-back period and the person required “weight-bearing” assistance during that time. The correct code should be a “4” for ADL of transferring instead of the “0” that was entered.

MDS-HC Data Entry & Error Correction Protocol

3. OAAS staff will make the necessary correction(s) in TeleSys upon review and approval of the Error Correction request and supporting documentation as applicable.
4. OAAS staff will make an entry in the MDS-HC Notebook indicating the type of error correction made – for example: “Transcription error made to Section AA 1. corrected misspelled last name; Coding Error – Section B 1. a. changed from a “1” to a “0”, etc.
5. OAAS Regional Office (RO) will notify the requesting agency when the correction has been made in Telesys;
6. Upon receipt of error correction confirmation from OAAS RO, requesting agency must re-analyze and view corrected MDS-HC CAPs.

Who do I call/contact if I have Problems/Questions?



Contact Information

- The OAAS TeleSys Administrator will assist you with initial access to TeleSys software and with addition of end user staff to TeleSys (e.g., new assessor staff).
- The OAAS Telesys Administrator must be notified within seven (7) business days when an employee terminates employment, or no longer requires access to Telesys.
- The OAAS TeleSys Administrator, **Lois Lockett**, may be contacted via email at: lois.lockett@la.gov or via telephone at: **225-342-6491**.
- All other related TeleSys issues/concerns, including request for error corrections, must be communicated to your OAAS Regional Office (See enclosed Regional Office Contact List)

Timely and accurate data entry is a critical first step in assuring timely delivery of services!

